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Fill in this information to identify your	case:
United States Bankruptcy Court for the: NORTHERN DISTRICT OF TEXAS	
Case number (if known):	Chapter you are filing under: Chapter 7 Chapter 11 Chapter 12 Chapter 13

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

06/24

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together--called a joint case--and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: **Identify Yourself** About Debtor 1: About Debtor 2 (Spouse Only in a Joint Case): Your full name Write the name that is on your Michael Joi government-issued picture First Name First Name identification (for example, **Aaron** Lynn your driver's license or Middle Name Middle Name passport). **Pritchard Pritchard** Bring your picture Last Name Last Name identification to your meeting with the trustee. Suffix (Sr., Jr., II, III) Suffix (Sr., Jr., II, III) All other names you have used in the last 8 First Name First Name years Middle Name Middle Name Include your married or maiden names and any Last Name Last Name assumed, trade names and "doing business as" names. Do NOT list the name of any First Name First Name separate legal entity such as a corporation, partnership, or Middle Name Middle Name LLC that is not filing this petition. Last Name Last Name Business name (if applicable) Business name (if applicable) Business name (if applicable) Business name (if applicable)

Debto Debto			Case number (if known)
		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
	Only the last 4 digits of your Social Security	xxx - xx - <u>2</u> <u>5</u> <u>5</u> <u>1</u>	xxx - xx - <u>4</u> <u>6</u> <u>6</u> <u>2</u>
	number or federal Individual Taxpayer	OR	OR
I	dentification number (ITIN)	9xx - xx	9xx - xx
I	Your Employer Identification Number (EIN), if any.	EIN — — — — — — — — — — — — — — — — — — —	EIN
5. \	Where you live	EIN	EIN If Debtor 2 lives at a different address:
J. 1	where you live	3926 Wentwortth Drive	ii Debioi 2 lives at a dilierent address.
		Number Street	Number Street
		Arlington TX 76001	
		City State ZIP Code	City State ZIP Code
		Tarrant County	County
		court will send any notices to you at this mailing address. Number Street	will send any notices to you at this mailing address. Number Street
		P.O. Box	P.O. Box
		City State ZIP Code	City State ZIP Code
	Why you are choosing	Check one:	Check one:
	this district to file for bankruptcy	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.
		I have another reason. Explain. (See 28 U.S.C. § 1408.)	I have another reason. Explain. (See 28 U.S.C. § 1408.)
Par	rt 2: Tell the Court A	About Your Bankruptcy Case	
E	The chapter of the Bankruptcy Code you	Check one: (For a brief description of each, see for Bankruptcy (Form 2010)). Also, go to the top	Notice Required by 11 U.S.C. § 342(b) for Individuals Filing of page 1 and check the appropriate box.
	are choosing to file under	Chapter 7	
		Chapter 11	
		Chapter 12	
		⊘ Chapter 13	

Debtor 1 Debtor 2 Michael Aaron Pritc Joi Lynn Pritchard				Ca	ase nun	nber (if known)	
8.	How you will pay the fee		court pay v	pay the entire fee when I file my petition t for more details about how you may pay. with cash, cashier's check, or money order. Ilf, your attorney may pay with a credit card	Typical . If your	ly, if you are pay attorney is subr	ring the fee yourself, you may mitting your payment on your
				ed to pay the fee in installments. If you ciduals to Pay The Filing Fee in Installment			and attach the Application for
			By la than fee in	uest that my fee be waived (You may red w, a judge may, but is not required to, waiv 150% of the official poverty line that applie in installments). If you choose this option, you gree Waived (Official Form 103B) and file	ve your t es to you you mus	fee, and may do ur family size and st fill out the App	so only if your income is less d you are unable to pay the
9.	Have you filed for bankruptcy within the		No				
	last 8 years?		Yes.				
		Dist	rict _		When		Case number
		D:-4					
		Dist	rict –		. vvnen	MM / DD / YYYY	Case number
		Dist	rict _				
						MM / DD / YYYY	
10.	Are any bankruptcy		No				
	cases pending or being filed by a spouse who is		Yes.				
	not filing this case with you, or by a business	Deb	tor _			Relationsh	ip to you
	partner, or by an	Dist	rict		When		Case number,
	affiliate?		_		-	MM / DD / YYYY	if known
		Deb	tor _			Relationsh	ip to you
		Dist	rict		When		Case number,
					-	MM / DD / YYYY	
11.	Do you rent your residence?		No. Yes.	Go to line 12. Has your landlord obtained an eviction ju	udgmen	t against you?	
				No. Go to line 12.Yes. Fill out Initial Statement Abour and file it as part of this bankruptcy			Against You (Form 101A)

	tor 1 Michael Aaron Pritc tor 2 Joi Lynn Pritchard	hard				_ Case	number (i	f known) _			
Pá	art 3: Report About An	уΒι	ısine	sses You Own as a	Sole P	roprietor					
12.	Are you a sole proprietor of any full- or part-time business? A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as			Go to Part 4. Name and location of but the second	usiness						
	a corporation, partnership, or LLC.										
	If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.			City Check the appropriate Health Care Busin Single Asset Real Stockbroker (as d Commodity Broke None of the above	ness (as d Estate (a efined in ^r r (as defir	efined in 11 s defined in I1 U.S.C. §	U.S.C. § 11 U.S.C 101(53A))	. § 101(51I)		Code	
13.	Are you filing under Chapter 11 of the Bankruptcy Code, and are you a <i>small business</i>	can	<i>set ap</i> st rece	filing under Chapter 11, in propriate deadlines. If y nt balance sheet, statem f these documents do no	ou indicatent of ope	e that you a erations, cas	re a smal h-flow sta	l business itement, an	debtor, y d federa	ou must I income	attach your
	debtor? For a definition of small		No.	I am not filing under Ch	napter 11.						
	business debtor, see 11 U.S.C. § 101(51D).		No.	I am filing under Chapt the Bankruptcy Code.	er 11, but	I am NOT a	small bus	siness deb	tor accor	ding to t	he definition in
			Yes.	I am filing under Chapt Bankruptcy Code, and					-		
			Yes.	I am filing under Chapt Bankruptcy Code, and					-		ion in the
Pa	Report If You Ow	vn oı	r Hav	e Any Hazardous P	roperty	or Any P	roperty	That Ne	eds In	nmedia	ite Attentio
14.	Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or		No Yes.	What is the hazard?							
	safety? Or do you own any property that needs immediate attention?			If immediate attention i	s needed,	why is it ne	eded?				
	For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?			Where is the property?	Number	Street					
					City				State	710	. Code

	otor 1 Michael A otor 2 Joi Lynn	Aaron Pritchard Pritchard		C	ase number (if kno	wn)	
Р	art 5: Explain	Your Efforts to R	eceive a Briefing About Credi	it Co	ounseling		
	Tell the court whether you have received a briefing about credit counseling.	I received a bric counseling age filed this bankri certificate of co Attach a copy of	About Debtor 1: You must check one: I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion. Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.			rouse Only in a Joint Case): fing from an approved credit ncy within the 180 days before I uptcy petition, and I received a mpletion. the certificate and the payment you developed with the agency.	
	that you receive a briefing about credi counseling before you file for bankruptcy. You must truthfully check one of the following choices.	counseling age filed this bankr a certificate of Within 14 days a	efing from an approved credit ncy within the 180 days before I uptcy petition, but I do not have completion. Ifter you file this bankruptcy petition, copy of the certificate and payment		counseling ager filed this bankru a certificate of c Within 14 days a	fing from an approved credit ncy within the 180 days before I aptcy petition, but I do not have completion. Iter you file this bankruptcy petition, copy of the certificate and payment	
	If you cannot do so you are not eligible to file. If you file anyway, the court can	not do so, ot eligible Services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary			□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.		
	dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.	requirement, atta efforts you made were unable to c bankruptcy, and	To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case. Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.		requirement, atta efforts you made were unable to o	30-day temporary waiver of the attach a separate sheet explaining what nade to obtain the briefing, why you to obtain it before you filed for and what exigent circumstances to file this case.	
		dissatisfied with			Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.		
		still receive a bri You must file a c along with a cop developed, if an			still receive a brid You must file a c along with a copy	isfied with your reasons, you must efing within 30 days after you file. ertificate from the approved agency, of the payment plan you or. If you do not do so, your case d.	
		Any extension of the 30-day deadline is granted onl for cause and is limited to a maximum of 15 days.			Any extension of the 30-day deadline is grar for cause and is limited to a maximum of 15		
		☐ I am not require credit counseli	ed to receive a briefing about ng because of:		I am not require credit counselir	d to receive a briefing about ng because of:	
		☐ Incapacity.	I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.		☐ Incapacity.	I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.	
		☐ Disability.	My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.		☐ Disability.	My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.	
		☐ Active duty	I am currently on active military duty in a military combat zone.		Active duty.	I am currently on active military duty in a military combat zone.	
		•	u are not required to receive a edit counseling, you must file a			u are not required to receive a edit counseling, you must file a	

motion for waiver of credit counseling with the court.

motion for waiver of credit counseling with the court.

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Debtor 1 Debtor 2		Michael Aaron Prito Joi Lynn Pritchard	chard	Case number (if known)						
P	art 6:	Answer These C	uesti	uestions for Reporting Purposes						
16.	What ki have?	nd of debts do you	16a.			sumer debts? Consumer de imarily for a personal, family,		re defined in 11 U.S.C. § 101(8) usehold purpose."		
			16b.	•	-	iness debts? Business debt ment or through the operation		e debts that you incurred to obtain e business or investment.		
			16c.	State the type of debts yo	ou ow	e that are not consumer or bu	sines	s debts.		
17.	Are you Chapte	ı filing under r 7?	$\overline{\mathbf{V}}$	No. I am not filing under	Chap	oter 7. Go to line 18.				
	any exe exclude adminis are paid availab	estimate that after empt property is ed and strative expenses d that funds will be le for distribution ecured creditors?		ŭ	•	•	•	xempt property is excluded and to distribute to unsecured creditors?		
18.		any creditors do iimate that you		1-49 50-99 100-199 200-999		1,000-5,000 5,001-10,000 10,001-25,000		25,001-50,000 50,001-100,000 More than 100,000		
19.		uch do you e your assets to th?		\$0-\$50,000 \$50,001-\$100,000 \$100,001-\$500,000 \$500,001-\$1 million		\$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 million \$100,000,001-\$500 million		\$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion		
20.		uch do you e your liabilities to		\$0-\$50,000 \$50,001-\$100,000 \$100,001-\$500,000 \$500,001-\$1 million		\$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 million \$100,000,001-\$500 million		\$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion		

Debtor 1 Debtor 2	Michael Aaron Prito Joi Lynn Pritchard	hard	Case number (if known)
Part 7:	Sign Below		
For you		I have examined this petition, and I declare u and correct.	nder penalty of perjury that the information provided is true
		•	aware that I may proceed, if eligible, under Chapter 7, 11, 12, stand the relief available under each chapter, and I choose to
		If no attorney represents me and I did not pay fill out this document, I have obtained and rea	y or agree to pay someone who is not an attorney to help me and the notice required by 11 U.S.C. § 342(b).
		I request relief in accordance with the chapte	r of title 11, United States Code, specified in this petition.
		•	ealing property, or obtaining money or property by fraud in in fines up to \$250,000, or imprisonment for up to 20 years, 3571.
		X /s/ Michael Aaron Pritchard	X /s/ Joi Lynn Pritchard
		Michael Aaron Pritchard, Debtor 1	Joi Lynn Pritchard, Debtor 2
		Executed on 07/24/2024	Executed on 07/24/2024

MM / DD / YYYY

MM / DD / YYYY

Debtor 2	Joi Lynn Pritchard	d		Case number (if know	/n)			
epresente	nttorney, if you are ed by one not represented by y, you do not need page.	I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.						
		X /s/ Jesse S. Signature of	. Garcia Attorney for Debtor	Date	07/24/2024 MM / DD / YYYY			
		Jesse S. Ga	*** * * * * * * * * * * * * * * * * * *					
		Printed name Bryeans an	e nd Garcia, PLLC					
		Firm Name 5001 S Coo Number	oper St, Ste 209 Street					
		-						
		Arlington		TX	76017			
		City		State	ZIP Code			
		Contact phon	ne (817) 440-3333	Email address jesse	@bglawtx.com			
		24065266			_			
		Bar number		State				

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Debtor 1	Michael	Aaron	Pritchard		
	First Name	Middle Name	Last Name	-	
Debtor 2	Joi	Lynn	Pritchard	_	
(Spouse, if filing)	First Name	Middle Name	Last Name		
United States Ba	nkruptcy Court for	r the: NORTHERN	DISTRICT OF TEXAS	_	
Case number				☐ Chec	k if this is an
(if known)				<u> </u>	ided filing
Official Form	106A/B				
Schedule A		y			12/15
	On the top of a		ling, Land, or Other Real		re an Interest In
Part 1: De	scribe Each R	Residence, Build	ling, Land, or Other Real	Estate You Own or Hav	re an Interest In
Part 1: De	scribe Each R or have any legal to Part 2.	Residence, Build I or equitable interes		Estate You Own or Hav	re an Interest In
Part 1: De 1. Do you own o No. Go t Yes. Wh 1.1. 3926 Wentwortt	scribe Each R or have any legal to Part 2. here is the propert	tesidence, Build or equitable interes y? What is Check a	st in any residence, building, the property? Ill that apply.	Estate You Own or Have land, or similar property? Do not deduct secured claumount of any secure	aims or exemptions. Put the aims on <i>Schedule D:</i>
Part 1: De 1. Do you own o No. Go t Yes. Wh	scribe Each R or have any legal to Part 2. here is the propert	tesidence, Build or equitable interes y? What is Check a ition Dup	st in any residence, building, the property? Ill that apply. gle-family home elex or multi-unit building	Estate You Own or Have land, or similar property? Do not deduct secured class	aims or exemptions. Put the aims on <i>Schedule D:</i>
Part 1: De 1. Do you own o No. Go o Yes. Wh 1.1. 3926 Wentwortt Street address, if avail	scribe Each R or have any legal to Part 2. here is the property h Drive able, or other descrip	Residence, Build I or equitable interes y? What is Check a Tition Dup Con	st in any residence, building, the property? Ill that apply. gle-family home	Istate You Own or Have I land, or similar property? Do not deduct secured clamount of any secured clamount of any secured clamount of the I correct value of the	aims or exemptions. Put the aims on <i>Schedule D:</i> ns Secured by Property. Current value of the
Part 1: De 1. Do you own o No. Go o Yes. Wh 1.1. 3926 Wentwortt Street address, if avail Arlington City	scribe Each R or have any legal to Part 2. here is the property h Drive able, or other descrip	Residence, Build I or equitable interest y? What is Check a Sing Dup Con Con I con I live I live Time	st in any residence, building, the property? Ill that apply. gle-family home blex or multi-unit building idominium or cooperative hufactured or mobile home d estment property eshare	Do not deduct secured clamount of any secured clamount	aims or exemptions. Put the aims on Schedule D: ms Secured by Property. Current value of the portion you own? \$282,900.00 our ownership nple, tenancy by the
Part 1: De 1. Do you own o No. Go o Yes. Wh 1.1. 3926 Wentwortt Street address, if avail	scribe Each R or have any legal to Part 2. here is the property h Drive able, or other descrip	Residence, Build I or equitable interes y? What is Check a Check a Check a Check a Check a I on Dup Con Dup Con Con Oo1 I man	st in any residence, building, the property? Ill that apply. gle-family home blex or multi-unit building idominium or cooperative fundactured or mobile home d estment property eshare er	Do not deduct secured clamount of any secured clamount	aims or exemptions. Put the aims on Schedule D: ms Secured by Property. Current value of the portion you own? \$282,900.00 our ownership on the pole, tenancy by the e), if known.
Part 1: De 1. Do you own o No. Go o Yes. Wh 1.1. 3926 Wentwortt Street address, if avail Arlington City County 3926 Wentwortt	scribe Each R or have any legal to Part 2. here is the property h Drive able, or other descrip TX 76 State ZIP	What is Check a Code Code Code Code Code Code Code Code	st in any residence, building, the property? Ill that apply. gle-family home blex or multi-unit building idominium or cooperative furfactured or mobile home d estment property eshare er s an interest in the property?	Do not deduct secured clamount of any secured clamount of any secured clamount of the entire property? \$282,900.00 Describe the nature of y interest (such as fee sin entireties, or a life estate)	aims or exemptions. Put the aims on Schedule D: ms Secured by Property. Current value of the portion you own? \$282,900.00 our ownership on the pole, tenancy by the e), if known.
Part 1: De No. Go Yes. Wh 1.1. B926 Wentwortt Street address, if avail	scribe Each R or have any legal to Part 2. here is the property h Drive able, or other descrip TX 76 State ZIP	Residence, Build I or equitable interes y? What is Check a Dup Con Dup Con Dup Con Dup Code Inve	st in any residence, building, the property? Ill that apply. gle-family home blex or multi-unit building idominium or cooperative furfactured or mobile home d estment property eshare er s an interest in the property?	Do not deduct secured class amount of any secured class. Current value of the entire property? \$282,900.00 Describe the nature of y interest (such as fee sin entireties, or a life estate. Fee Simple - with lien.	aims or exemptions. Put th aims on Schedule D: ms Secured by Property. Current value of the portion you own? \$282,900.00 rour ownership nple, tenancy by the e), if known.
Part 1: De Do you own on the part of th	scribe Each R or have any legal to Part 2. here is the property h Drive able, or other descrip TX 76 State ZIP h Drive, Arlingt	Residence, Build I or equitable interest y? What is Check a Sing Dup Con Dup Con Dup Code Inve Inve Check o Check o Deb Deb	st in any residence, building, the property? Ill that apply. gle-family home blex or multi-unit building idominium or cooperative hufactured or mobile home d estment property eshare er s an interest in the property?	Do not deduct secured class amount of any secured class (Current value of the entire property? Describe the nature of y interest (such as fee sin entireties, or a life estate Fee Simple - with lien Check if this is com (see instructions)	aims or exemptions. Put th aims on Schedule D: ms Secured by Property. Current value of the portion you own? \$282,900.00 rour ownership nple, tenancy by the e), if known.

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	chael Aaron Pritchard i Lynn Pritchard	Cas	se number (if known)	
Part 2:	escribe Your Vehicles			
ou own that sor		e interest in any vehicles, whether they are e a vehicle, also report it on Schedule G: Exec	~	•
□ No ☑ Yes		,		
3.1. Make:	Chevy	Who has an interest in the property? Check one.	Do not deduct secured clair amount of any secured clair	•
Model:	Tahoe	Debtor 1 only	Creditors Who Have Claims	s Secured by Property.
Year:	2001	Debtor 2 only	Current value of the entire property?	Current value of the portion you own?
Approximate mile	eage: 250,000	☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another		\$1,200.00
Other information	n:		Ψ1,200.00	Ψ1,200.00
2001 Chevy Ta miles)	ahoe (approx. 250,000	Check if this is community property (see instructions)		
3.2.		Who has an interest in the property?	Do not deduct secured clair	•
Make:	Ram	Check one.	amount of any secured clai Creditors Who Have Claims	
Model:	3500	Debtor 1 only Debtor 2 only	Current value of the	Current value of the
Year:	2017	Debtor 2 only Debtor 1 and Debtor 2 only	entire property?	portion you own?
Approximate mile	eage: <u>115,000</u>	At least one of the debtors and another	\$30,000.00	\$30,000.00
Other information 2017 Ram 350 miles)	n: 0 (approx. 115,000	Check if this is community property (see instructions)		
3.3.		Who has an interest in the property?	Do not deduct secured clair	•
Make:	<u>vw</u>	Check one.	amount of any secured clair Creditors Who Have Claims	
Model:	Atlas	Debtor 1 only Debtor 2 only	Current value of the	Current value of the
Year:	2018	Debtor 1 and Debtor 2 only	entire property?	portion you own?
Approximate mile	eage: <u>50,000</u>	At least one of the debtors and another	\$22,000.00	\$22,000.00
Other information 2018 VW Atlas	n: s (approx. 50,000 miles)	Check if this is community property (see instructions)		
		s and other recreational vehicles, other vehicles watercraft, fishing vessels, snowmobiles, n		
✓ Yes				
1.1. Make:	Heartland	Who has an interest in the property? Check one.	Do not deduct secured clair amount of any secured clair	ms on <i>Schedule D:</i>
Model:	323	Debtor 1 only	Creditors Who Have Claims	
Year:	2021	Debtor 2 only Debtor 1 and Debtor 2 only	Current value of the entire property?	Current value of the portion you own?
Other information	n:	At least one of the debtors and another		\$70,814.00
2021 Heartlan	d 323		Ψ10,01 1.00	Ψ10,017.00
		Check if this is community property (see instructions)		

	otor 1 otor 2	Michael Aaı Joi Lynn Pr	ron Pritchard itchard		Case number (if known)	
	ke: del: ar: er inform	300 202		Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and ano Check if this is community prope (see instructions)		ims on Schedule D:
5.				u own for all of your entries from Part 2, or Part 2. Write that number here		\$137,959.00
			egal or equitable	al and Household Items interest in any of the following items?		Current value of the portion you own? Do not deduct secured claims or exemptions.
	□ No)	See continuat	ion page(s).		\$3,900.00
7.	□ No	nles: Television music coll		o, video, stereo, and digital equipment; con devices including cell phones, cameras, m ectronics	•	\$200.00
8.		stamp, coi		tings, prints, or other artwork; books, pictured collections; other collections, memorabilia		_
9.	Equipr	canoes an	s and hobbies otographic, exerci	se, and other hobby equipment; bicycles, p ry tools; musical instruments	ool tables, golf clubs, skis;]
	☑ No	es. Describe]
10.	□ No	oles: Pistols, rifl	es, shotguns, am	munition, and related equipment		\$1,400.00
11.	Clothe	es		ner coats, designer wear, shoes, accessorie	s	41,7700.00
	□ No ✓ Ye	o es. Describe	Clothes			\$400.00

		chael Aaron Pritch Lynn Pritchard	nard Case number (if known)	
12.	•	Everyday jewelry, cos gold, silver	stume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems,	
	Yes. De	escribe Jewelry		\$400.00
13.	Non-farm a Examples:	nimals Dogs, cats, birds, hor	rses	
	✓ No ☐ Yes. De	escribe]
14.	Any other p	ersonal and housel	nold items you did not already list, including any health aids you	_
	☑ No	vo epocific		
	_	ve specific]
15.			our entries from Part 3, including any entries for pages you have	\$6,300.00
D		escribe Your Fir		
	you own or h	nave any legal or eq	uitable interest in any of the following?	Current value of the portion you own? Do not deduct secured claims or exemptions.
	•	Money you have in yo petition	our wallet, in your home, in a safe deposit box, and on hand when you file your	
	✓ No ☐ Yes		Cash:	
17.	, i	Checking, savings, o	r other financial accounts; certificates of deposit; shares in credit unions, and other similar institutions. If you have multiple accounts with the same	
	□ No ✓ Yes		Institution name:	
	17.1.	Checking account:	Bank of America8804	\$1,000.00
	17.2.	Checking account:	ттси	\$5.00
	17.3.	Savings account:	Bank of America4508	\$600.00
18.		cual funds, or public Bond funds, investme	ly traded stocks ent accounts with brokerage firms, money market accounts	
	✓ No ☐ Yes	Instit	tution or issuer name:	

	otor 1 Michael Aaron otor 2 Joi I vnn Pritch						
Der	otor 2 Joi Lynn Pritch	nard	Case number (if known)				
19.		ck and interests in incorporated and uni artnership, and joint venture	ncorporated businesses, including				
	No✓ Yes. Give specific						
	information about them	Name of entity:	% of ownership:				
		A and J Graphics, LLC	,, с. с				
		Assets					
		Frost Bank \$1,200.00 Cutter \$50 Screen Press \$4,000.00 Computer \$2,000.00					
		Liabilites Animaccord LTD lawsuit \$200,000	0.00100%	\$0.00			
20.	Negotiable instruments in	ate bonds and other negotiable and non clude personal checks, cashiers' checks, pare those you cannot transfer to someon	promissory notes, and money orders.				
	✓ No Yes. Give specific information about them	Issuer name:					
21.	Retirement or pension a Examples: Interests in IR profit-sharing	A, ERISA, Keogh, 401(k), 403(b), thrift sav	ings accounts, or other pension or				
	□ No						
	Yes. List each account separately.	Type of account: Institution name:					
	account separatery.	401(k) or similar plan: 401(k)		\$229,659.35			
22.			. ,	<u></u>			
	☑ No						
00	Yes	Institution name or in					
23.	☑ No	a specific periodic payment of money to y	ou, either for life or for a number of years)				
	Yes Issuer name and description:						
24.	26 U.S.C. §§ 530(b)(1), 52	· · ·	program, or under a qualified state tuition pro	gram.			
	✓ No ☐ Yes	Institution name and description. Separ	rately file the records of any interests. 11 U.S.C.	§ 521(c)			
25.	_	re interests in property (other than anyth					
	✓ No						
	Yes. Give specific information about the	m					
26.	Examples: Internet doma	demarks, trade secrets, and other intelle in names, websites, proceeds from royaltie					
	✓ No Yes. Give specific						
	information about the	m					

	otor 1 Michael Aaron Pritchard Joi Lynn Pritchard	rd Case number (if known)		
27.	Licenses, franchises, and other g Examples: Building permits, exclus ✓ No ✓ Yes. Give specific information about them	eneral intangibles ive licenses, cooperative association holdings, liquor licenses, professio	nal licens	es
Mor	ney or property owed to you?			Current value of the
				portion you own? Do not deduct secured claims or exemptions.
28.	Tax refunds owed to you			
	NoYes. Give specific information about them, including whether you already filed the returns and the tax years		Federal: State: Local:	
29.	·	limony, spousal support, child support, maintenance, divorce settlement,	, property	settlement
	✓ No ☐ Yes. Give specific information	Alimony:		
	_	Maintenand	ce:	
		Support:		_
		Divorce se	ttlement:	
		Property se	ettlement:	
30.		y insurance payments, disability benefits, sick pay, vacation pay, workers ecurity benefits; unpaid loans you made to someone else	3'	
31.	Interests in insurance policies	insurance; health savings account (HSA); credit, homeowner's, or renter	's insuran	Ce.
	✓ No Yes. Name the insurance company of each policy	ompany name: Beneficiary:		render or refund value:
32.		ue you from someone who has died trust, expect proceeds from a life insurance policy, or are currently e someone has died		
	✓ No✓ Yes. Give specific information			
33.	- · · · · · · · · · · · · · · · · · · ·	ther or not you have filed a lawsuit or made a demand for payment disputes, insurance claims, or rights to sue		
	Yes. Describe each claim			
34.	Other contingent and unliquidated rights to set off claims No	d claims of every nature, including counterclaims of the debtor and		
	Yes. Describe each claim			

		Michael Aa Joi Lynn P	aron Pritchar Pritchard	rd Case number (if known)	
35.	Any fina	ancial asset	s you did not a	already list	
	☑ No				
	☐ Yes.	. Give speci	ific information		
36.				r entries from Part 4, including any entries for pages you have mber here	\$231,264.35
Pa	art 5:	Describe A	Any Busines	ss-Related Property You Own or Have an Interest In. List any	real estate in Part 1.
37.	Do you	own or have	e any legal or e	equitable interest in any business-related property?	
	✓ No.	Go to Part 6	3.		
	Yes	. Go to line	38.		
					Current value of the portion you own?
					Do not deduct secured
38.	Accoun	ts receivabl	le or commissi	ions you already earned	claims or exemptions.
	☑ No				
	_	. Describe			
39.		es: Business	•	uters, software, modems, printers, copiers, fax machines, rugs, telephones,	
	⋈ No	ucsks, o	hairs, electronic	devices	
	ي ا	. Describe			
40.	Machine	ery, fixtures	, equipment, s	supplies you use in business, and tools of your trade	
	☑ No	-			
	_	. Describe			
41.	Invento	ry			
	☑ No				
	Yes	. Describe			
42.	Interest	s in partner	ships or joint	ventures	
	☑ No				
	_		Name of ent		
43.		er lists, mai	iling lists, or o	ther compilations	
	✓ No ☐ Yes.				
		Yes. I	Describe		
44.	Any bus	siness-relat	ed property yo	ou did not already list	
	☑ No				
	_		ific information.		
45.			-	rentries from Part 5, including any entries for pages you have mber here	\$0.00

Debtor 1 Debtor 2		Michael Aaron Pritchard Joi Lynn Pritchard Case number ((if known)
Pa		Describe Any Farm- and Commercial Fishing-Related Property You O If you own or have an interest in farmland, list it in Part 1.	wn or Have an Interest In.
46.	Do you	u own or have any legal or equitable interest in any farm- or commercial fishing-related	d property?
		o. Go to Part 7.	
			Current value of the portion you own? Do not deduct secured claims or exemptions.
47.	Farm a	animals vles: Livestock, poultry, farm-raised fish	
	☑ No		
	☐ Ye	S	
48.	Crops-	either growing or harvested	
		ormation	
49.	Farm a	and fishing equipment, implements, machinery, fixtures, and tools of trade	
	✓ No		
50.	Farm a	and fishing supplies, chemicals, and feed	
	✓ No ☐ Ye		
51.	Any fa	rm- and commercial fishing-related property you did not already list	
		s. Give specific ormation	
52.		ee dollar value of all of your entries from Part 6, including any entries for pages you ha ed for Part 6. Write that number here	ve \$0.00
Pa	art 7:	Describe All Property You Own or Have an Interest in That You Did No	ot List Above
53.	-	u have other property of any kind you did not already list? bles: Season tickets, country club membership	
	✓ No ☐ Ye	es. Give specific information.	
54.	Add th	e dollar value of all of your entries from Part 7. Write that number here	→ \$0.00

Debtor 1 Debtor 2		Michael Aaron Pritchard Joi Lynn Pritchard	Case nu	Case number (if known)			
Р	art 8:	List the Totals of Each Part of this Form					
55.	Part 1:	Total real estate, line 2		→	\$2	282,900.00	
56.	Part 2:	Total vehicles, line 5	\$137,959.00				
57.	Part 3	Total personal and household items, line 15	\$6,300.00				
58.	Part 4:	Total financial assets, line 36	\$231,264.35				
59.	Part 5	Total business-related property, line 45	\$0.00				
60.	Part 6:	Total farm- and fishing-related property, line 52	\$0.00				
61.	Part 7:	Total other property not listed, line 54	+ \$0.00				
62.	Total p	personal property. Add lines 56 through 61	\$375,523.35	Copy personal property total	+\$	375,523.35	
63.	Total o	of all property on Schedule A/B. Add line 55 + line 62			\$	658,423.35	

Deb	otor 1	Michael Aaron Pritchard		
Deb	otor 2	Joi Lynn Pritchard	Case number (if known)	
6.	House	ehold goods and furnishings (details):		
	Living	g Room Furniture	_	\$60.00
	Bedro	oom Furniture	_	\$2,500.00
	Dining	g Room Furniture	_	\$100.00
	Refrig	gerator	-	\$1,000.00
	Dishe	s/Flatware/Cookware/Small Appliances	_	\$240.00
10.	Firear	ms (details):		
	Pistol	· -	_	\$600.00
	Rifles	5 2		
	Pistol	ls (2)	_	\$800.00

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Fill in this inf	ormation to iden	tify your case:		
Debtor 1	Michael First Name	Aaron Middle Name	Pritchard Last Name	
Debtor 2 (Spouse, if filing)	Joi First Name	Lynn Middle Name	Pritchard Last Name	
	nkruptcy Court for the	Check if this is a		
Case number (if known)				amended filing

Official Form 106C

Part 1:

Schedule C: The Property You Claim as Exempt

Identify the Property You Claim as Exempt

04/22

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions--such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds--may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

1. 2.	Which set of exemptions are you claiming? ✓ You are claiming state and federal nonban ✓ You are claiming federal exemptions. 11 to	kruptcy exemptions. J.S.C. § 522(b)(2)	- ,,,,		
Brief description of the property and line on Schedule A/B that lists this property		•		Specific laws that allow exemption	
		Copy the value from Schedule A/B	Check only one box for each exemption		
392 760 392 Arli	of description: 26 Wentwortth Drive, Arlington, TX 101 26 Wentwortth Drive 26 Ington, TX 76001 26 from Schedule A/B:1.1	\$282,900.00	\$176,436.00 100% of fair market value, up to any applicable statutory limit	Const. art. 16 §§ 50, 51, Texas Prop. Code §§ 41.001002	
	f description: 11 Chevy Tahoe (approx. 250,000 miles)	\$1,200.00	\$1,200.00 100% of fair market	Tex. Prop. Code §§ 42.001(a), 42.002(a)(9)	

value, up to any

limit

applicable statutory

3.	Are you claiming a homestead exemption of more than \$189,050? (Subject to adjustment on 4/01/25 and every 3 years after that for cases filed on or after the date of adjustment.)					
		No Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case? No Yes				

Line from Schedule A/B: 3.1

Debtor 1 Michael Aaron Pritchard Debtor 2 Joi Lynn Pritchard Case number (if known) Part 2: **Additional Page** Current value of Brief description of the property and line on Amount of the Specific laws that allow exemption Schedule A/B that lists this property the portion you exemption you claim own Copy the value from Check only one box for Schedule A/B each exemption Brief description: \$30,000.00 Tex. Prop. Code §§ 42.001(a), \$20,388.00 $\overline{\mathbf{Q}}$ 2017 Ram 3500 (approx. 115,000 miles) 100% of fair market 42.002(a)(9) П value, up to any Line from Schedule A/B: ____3.2 applicable statutory limit Brief description: \$22,000.00 Tex. Prop. Code §§ 42.001(a), \$0.00 $\overline{\mathbf{Q}}$ 2018 VW Atlas (approx. 50,000 miles) 100% of fair market 42.002(a)(9) value, up to any Line from Schedule A/B: 3.3 applicable statutory limit Brief description: \$60.00 \$60.00 Tex. Prop. Code §§ 42.001(a), $\sqrt{}$ Living Room Furniture 100% of fair market 42.002(a)(1) value, up to any Line from Schedule A/B: applicable statutory limit Brief description: \$2.500.00 \$2,500.00 Tex. Prop. Code §§ 42.001(a), **Bedroom Furniture** 42.002(a)(1) 100% of fair market value, up to any Line from Schedule A/B: applicable statutory limit Brief description: \$100.00 Tex. Prop. Code §§ 42.001(a), \$100.00 \square **Dining Room Furniture** 100% of fair market 42.002(a)(1) value, up to any Line from Schedule A/B: applicable statutory limit Brief description: \$1,000.00 \$1,000.00 Tex. Prop. Code §§ 42.001(a), ☑ Refrigerator 100% of fair market 42.002(a)(1) value, up to any Line from Schedule A/B: 6 applicable statutory limit Brief description: \$240.00 Tex. Prop. Code §§ 42.001(a), $\sqrt{}$ \$240.00 Dishes/Flatware/Cookware/Small 100% of fair market 42.002(a)(1) Appliances value, up to any applicable statutory Line from Schedule A/B: limit Brief description: \$200.00 Tex. Prop. Code §§ 42.001(a), \$200.00 $\overline{\mathbf{Q}}$ **Household Electronics** 100% of fair market 42.002(a)(1) value, up to any Line from Schedule A/B: 7 applicable statutory limit Brief description: \$600.00 Tex. Prop. Code §§ 42.001(a), \$600.00 $\overline{\mathbf{Q}}$ Pistols 2 100% of fair market 42.002(a)(7) Rifles 2 value, up to any Line from Schedule A/B: 10 applicable statutory limit

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Debtor 1 Debtor 2	Michael Aaron Pritchard Joi Lynn Pritchard	Case number (if known)					
Part 2:	Additional Page						
	ription of the property and line on 4/B that lists this property	Current value of the portion you own		ount of the mption you claim	Specific laws that allow exemption		
		Copy the value from Schedule A/B		ck only one box for h exemption			
Brief descri Pistols (2)	•	\$800.00		\$800.00 100% of fair market	Tex. Prop. Code §§ 42.001(a), 42.002(a)(7)		
Line from S	Schedule A/B:10			value, up to any applicable statutory limit			
Brief descri	ption:	\$400.00	I	\$400.00 100% of fair market	Tex. Prop. Code §§ 42.001(a), 42.002(a)(5)		
Line from S	Schedule A/B:11			value, up to any applicable statutory limit			
Brief descri	ption:	\$400.00	I	\$400.00 100% of fair market	Tex. Prop. Code §§ 42.001(a), 42.002(a)(6)		
Line from S	Schedule A/B:12			value, up to any applicable statutory limit			
Brief descri	ption:	\$229,659.35	1	\$229,659.35 100% of fair market	Tex. Prop. Code § 42.0021		
Line from S	Schedule A/B: 21		_	value, up to any applicable statutory limit			

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Fill in this info	ormation to ident	tify your case:				
Debtor 1	Michael	Aaron	Pritchard			
	First Name	Middle Name	Last Name			
Debtor 2	Joi	Lynn	Pritchard			
(Spouse, if filing)	First Name	Middle Name	Last Name			
United States Bar	nkruptcy Court for the:	NORTHERN DI	STRICT OF TEXAS			
	1 7 -					
Case number (if known)					☐ Check if this is	
,					amended filing	J
Official Form	106D					
Schedule D:	Creditors Wh	o Have Clai	ms Secured by	Property		12/15
Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known). 1. Do any creditors have claims secured by your property? No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form. Yes. Fill in all of the information below. Part 1: List All Secured Claims 2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As mount of claim Do not deduct the portion						
2.1			property that	\$106,464.00	\$282,900.00	
Bk Of Amer		secures the o		Ψ100,+0+.00	Ψ202,300.00	
Creditor's name		— 3926 Wentw Arlington, T.	·			
Attn: Bankruptc: Number Street	у	Annigion, i	X 7000 I			
100 North Tryon	St					
		As of the date	you file, the claim is:	Check all that apply.		
Ol	NO COSE	Continger				
Charlotte City	NC 28255 State ZIP Code	Unliquidat	ied			
Who owes the deb		Disputed	0			
Debtor 1 only	oricon one.		. Check all that apply.			
Debtor 2 only		_	ment you made (such as		car ioan)	
Debtor 1 and D	Debtor 2 only	_	lien (such as tax lien, m	ecnanic's lien)		
_	the debtors and anoth	–	lien from a lawsuit			
☐ Check if this c		Other (Inc	luding a right to offset) ional Real Estate Mo	ortgage		
to a communit				aua		
Date debt was inc	urred 10/2021	Last 4 digits	of account number	2 5 0 4		

Add the dollar value of your entries in Column A on this page. Write that number here:

\$106,464.00

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Debtor 1 Michael Aaron Pri Debtor 2 Joi Lynn Pritchard		Case number (if	known)				
	e ntries on this page, number them the previous page.	Column A Amount of claim Do not deduct the value of collateral	Column B Value of collateral that supports this claim	Column C Unsecured portion If any			
2.2	Describe the property that secures the claim:	\$6,166.00	\$2,000.00	\$4,166.00			
Nebraska Furniture Mart Creditor's name	——— Furniture and Electronics						
Attn: Collections Number Street							
PO Box 2335							
	As of the date you file, the claim is	: Check all that apply.					
Omeho NE 6940	Contingent						
Omaha NE 6810 City State ZIP Co	ode Distriction						
Who owes the debt? Check one	— •	_					
Debtor 1 only	An agreement you made (such a		car loan)				
Debtor 2 only	Statutory lien (such as tax lien, n	nechanic's lien)					
Debtor 1 and Debtor 2 only	Judgment lien from a lawsuit	☐ Judgment lien from a lawsuit					
At least one of the debtors and	Other (including a right to onset)						
Check if this claim relates to a community debt	Charge Account						
Date debt was incurred 09/20	Last 4 digits of account number	5 R E V					
2.3	Describe the property that secures the claim:	\$24,557.00	\$22,000.00	\$2,557.00			
Santander Consumer USA, Ir	oc 2018 VW Atlas (approx.						
Creditor's name Attn: Bankruptcy	50,000 miles)						
Number Street PO Box 961245							
	As of the date you file, the claim is	: Check all that apply.					
-	Contingent						
Fort Worth TX 7616 City State ZIP Co							
Who owes the debt? Check one	Nature of lien. Check all that apply						
Debtor 1 only	An agreement you made (such a	An agreement you made (such as mortgage or secured car loan)					
Debtor 2 only Debtor 1 and Debtor 2 only	Statutory lien (such as tax lien, n	nechanic's lien)					
At least one of the debtors and	Judgment lien from a lawsuit						
	Other (including a right to offset) Automobile						
Check if this claim relates to a community debt	Automobile						
Date debt was incurred 01/20:	23 Last 4 digits of account number	1 0 0 0					

Add the dollar value of your entries in Column A on this page. Write that number here:

\$30,723.00

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Debtor 1 Debtor 2	Michael Aaron Joi Lynn Prito			_ Case number (if	known)	
Part 1:	_	_	this page, number them ous page.	Column A Amount of claim Do not deduct the value of collateral	Column B Value of collateral that supports this claim	Column C Unsecured portion If any
2.4 Sheffield F Creditor's nam	ie		Describe the property that secures the claim: 2022 Kearney 30GN	\$13,945.00	\$13,945.00	
Attn: Bank Number Str 214 N Tryc	reet		As of the date you file, the claim is:	Check all that apply.		
Charlotte City Who owes t		28202 EIP Code	☐ Contingent ☐ Unliquidated ☐ Disputed Nature of lien. Check all that apply.			
At least Check i	-	s and another	☐ An agreement you made (such as ☐ Statutory lien (such as tax lien, mode) ☐ Judgment lien from a lawsuit ☑ Other (including a right to offset) Secured		car loan)	
	as incurred <u>0</u>	1/2022	Last 4 digits of account number	5 6 0 1		
TTCU Creditor's nam Attn: Bank Number Str P.O. Box 4	reet		Describe the property that secures the claim: 2021 Heartland 323	\$70,814.00	\$70,814.00	
Tulsa City Who owes t Debtor 1 Debtor 2 Debtor 1 At least Check i	OK 7 State Z the debt? Check	ly s and another	As of the date you file, the claim is: Contingent Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as Statutory lien (such as tax lien, my Judgment lien from a lawsuit Other (including a right to offset) Recreational	s mortgage or secured	car loan)	
Date debt w	as incurred 1	2/2021	Last 4 digits of account number	1 3 0 0		

Add the dollar value of your entries in Column A on this page. Write that number here:

\$84,759.00

Debtor 1 Michael Aaron Pritchard Debtor 2 Joi Lynn Pritchard		Case number (if known)			
Part 1:	Additional Page After listing any entries on sequentially from the previous		Column A Amount of claim Do not deduct the value of collateral	Column B Value of collateral that supports this claim	Column C Unsecured portion If any
2.6		Describe the property that secures the claim:	\$9,612.00	\$30,000.00	
Wells Fargo Dealer Services Creditor's name Attn: Bankruptcy Number Street 1100 Corporate Center Drive		- 2017 Ram 3500 (approx. 115,000 miles)			
Debtor 2 Debtor 2 Debtor 2 Debtor 3 Debtor 4 Debtor 4 Debtor 4 Debtor 4	•	As of the date you file, the claim is: Contingent Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as Statutory lien (such as tax lien, me Judgment lien from a lawsuit Other (including a right to offset) Automobile	mortgage or secured	car loan)	
Date debt w	vas incurred 05/2019	Last 4 digits of account number	5 7 4 9		

Add the dollar value of your entries in Column A on this page. Write that number here:

\$9,612.00

If this is the last page of your form, add the dollar value totals from all pages. Write that number here:

\$231,558.00

				_		
Fill in this inf	ormation to i	dentify your c	ase:			
Debtor 1	Michael	Aaron	Pritchard			
	First Name	Middle Name	Last Name			
Debtor 2	Joi	Lynn	Pritchard			
(Spouse, if filing)		Middle Name	Last Name			
United States Ba	nkruptcy Court fo	r the: NORTHER	N DISTRICT OF TEXAS			
Case number				-	Check if this is a	an
(if known)				_	amended filing	uii
Official Form	106E/F					
Schedule E/	F: Credito	s Who Hav	e Unsecured Claims			12/15
Do not include an If more space is n to this page. On t	y creditors with needed, copy the the top of any ac	partially secured Part you need, fi Iditional pages, w	and on Schedule G: Executory Co claims that are listed in Schedul Ill it out, number the entries in the rrite your name and case number secured Claims	e <i>D: Creditors Who H</i> boxes on the left. A	old Claims Secur	ed by Property.
1. Do any credi	tors have priorit	y unsecured clair	ns against you?			
□ No. Go	to Part 2.					
✓ Yes.						
claim. For ea show both pric more space is	ch claim listed, ic ority and nonprior	lentify what type o ity amounts. As n ity unsecured clai	creditor has more than one priority f claim it is. If a claim has both prio nuch as possible, list the claims in a ms, fill out the Continuation Page of	rity and nonpriority am Ilphabetical order acco	ounts, list that clai rding to the credito	m here and or's name. If
(For an explai	nation of each typ	e of claim, see the	e instructions for this form in the ins			
				Total claim	Priority amount	Nonpriority amount
2.1				\$4,003.00	\$4,003.00	\$0.00
Bryeans and Ga	rcia, PLLC				<u> </u>	
Priority Creditor's Nam	ne		Last 4 digits of account number			
Number Street	51, 51e 209		When was the debt incurred?	07/16/2024	_	
			As of the date you file, the claim	is: Check all that app	ly.	
			Contingent			
Arlington City	TX State	76017 ZIP Code	Unliquidated Disputed			
Who incurred the	debt? Check	one.	Type of PRIORITY unsecured cl	aim:		
Debtor 1 only			Domestic support obligations			
Debtor 2 only Debtor 1 and [Debtor 2 only		Taxes and certain other debts Claims for death or personal i		ent	
	the debtors and	another	intoxicated	ingary writte you were		
ш	claim is for a co	nmunity debt	✓ Other. Specify			
Is the claim subje	ct to offset?		Attorney fees for this cas	e		
✓ No Yes						

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Debtor 1 Michael Aaron Pritchard Debtor 2 Joi Lynn Pritchard	Case number (if known)
Part 2: List All of Your NONPRIORIT	Y Unsecured Claims
 Yes List all of your nonpriority unsecured claims If a creditor has more than one nonpriority unsecured type of claim it is. Do not list claims already incl 	claims against you? Submit this form to the court with your other schedules. in the alphabetical order of the creditor who holds each claim. cured claim, list the creditor separately for each claim. For each claim listed, identify what uded in Part 1. If more than one creditor holds a particular claim, list the other creditors in unsecured claims, fill out the Continuation Page of Part 2.
4.1 Bank of America Nonpriority Creditor's Name Attn: Bankruptcy Number Street 4909 Savarese Circle Tampa FL 33634 City State ZIP Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only	\$6,614.00 Last 4 digits of account number 9 0 5 2 When was the debt incurred? 02/2014 As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce
□ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset? ☑ No □ Yes □ 4.2	that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Credit Card \$4,080.00
Bank of America Nonpriority Creditor's Name Attn: Bankruptcy Number Street 4909 Savarese Circle	Last 4 digits of account number 6 5 3 9 When was the debt incurred? 08/2018 As of the date you file, the claim is: Check all that apply. Contingent Unliquidated
Tampa FL 33634 City State ZIP Code Who incurred the debt? Check one. □ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset? □ No □ Yes	Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts ✓ Other. Specify Credit Card

Debtor 1 Michael Aaron Pritchard Debtor 2 Joi Lynn Pritchard	Case number (if known)	
Part 2: Your NONPRIORITY Unsecu	red Claims Continuation Page	
After listing any entries on this page, number the previous page.	m sequentially from the	Total claim
4.3		\$0.00
Barclaycard	Last 4 digits of account number	
Nonpriority Creditor's Name Card Services	When was the debt incurred?	
Number Street	As of the date you file, the claim is: Check all that apply.	
PO Box 60517	_ Contingent	
	☐ Unliquidated ☐ ☐ Disputed	
City of Industry CA 91716-0517		
City State ZIP Code Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:	
Debtor 1 only	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce	
Debtor 2 only	that you did not report as priority claims	
Debtor 1 and Debtor 2 only At least one of the debtors and another	Debts to pension or profit-sharing plans, and other similar debts	
Is the claim subject to offset?	Credit Card	
No		
Yes		
4.4		
	Lock A divite of account number	\$0.00
Baylor Scott & White Nonpriority Creditor's Name	Last 4 digits of account number When was the debt incurred?	
Orthopedic and Spine	<u> </u>	
Number Street 707 Highlander Blvd	As of the date you file, the claim is: Check all that apply. ☐ ☐ Contingent	
<u> </u>	Unliquidated	
Arlington TX 76015	Disputed	
Arlington TX 76015 City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one.	Student loans	
Debtor 1 only Debtor 2 only	Obligations arising out of a separation agreement or divorce	
Debtor 2 only Debtor 1 and Debtor 2 only	that you did not report as priority claims	
At least one of the debtors and another	☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify	
Check if this claim is for a community debt	Medical Bill	
Is the claim subject to offset?		
No No		
Yes		
4.5		\$0.00
Baylor Surgical Hospital	Last 4 digits of account number	
Nonpriority Creditor's Name 400 I-635	When was the debt incurred?	
Number Street	As of the date you file, the claim is: Check all that apply.	
	_ Contingent	
	☐ Unliquidated ☐ ☐ Disputed	
Irving TX 75063		
City State ZIP Code Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:	
Debtor 1 only	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce	
Debtor 2 only	that you did not report as priority claims	
Debtor 1 and Debtor 2 only At least one of the debtors and another	Debts to pension or profit-sharing plans, and other similar debts	
	Other. Specify	
	Medical Bill	
Is the claim subject to offset? ✓ No		
☐ Yes		

Debtor 1 Michael Aaron Pritchard Debtor 2 Joi Lynn Pritchard	Case number (if known)	
Part 2: Your NONPRIORITY Unsecu	red Claims Continuation Page	
After listing any entries on this page, number the previous page.	m sequentially from the	Total claim
4.6		\$0.00
Best Buy Credit Services	Last 4 digits of account number	
Nonpriority Creditor's Name PO Box 78009	When was the debt incurred?	
Number Street	As of the date you file, the claim is: Check all that apply.	
	Contingent	
	☐ Unliquidated ☐ ☐ Disputed	
Phoenix AZ 85062		
City State ZIP Code Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:	
Debtor 1 only	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce	
Debtor 2 only	that you did not report as priority claims	
Debtor 1 and Debtor 2 only At least one of the debtors and another	☐ Debts to pension or profit-sharing plans, and other similar debts	
Check if this claim is for a community debt	✓ Other. Specify Credit Card	
Is the claim subject to offset?	Credit Card	
No		
Yes		
4.7		
	Lock A digita of account number	\$0.00
Bill Me Later Nonpriority Creditor's Name	Last 4 digits of account number	
P.O. Box 2394		
Number Street	As of the date you file, the claim is: Check all that apply. ☐ Contingent	
	Unliquidated	
Omaha NE 68103	Disputed	
Omaha NE 68103 City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one.	Student loans	
Debtor 1 only Debtor 2 only	Obligations arising out of a separation agreement or divorce	
Debtor 2 only Debtor 1 and Debtor 2 only	that you did not report as priority claims	
At least one of the debtors and another	☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify	
Check if this claim is for a community debt	Credit Card	
Is the claim subject to offset?		
<u>M</u> No		
Yes		
4.8		\$4,656.00
Capital One	Last 4 digits of account number 0 8 8 0	
Nonpriority Creditor's Name	When was the debt incurred? 07/2006	
Attn: Bankruptcy Number Street	As of the date you file, the claim is: Check all that apply.	
PO Box 30285	_ Contingent	
	☐ Unliquidated ☐ ☐ Disputed	
Salt Lake City UT 84130		
City State ZIP Code Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:	
Debtor 1 only	Student loans Obligations gricing out of a congration agreement or diverse	
Debtor 2 only	 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 	
Debtor 1 and Debtor 2 only	Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another	Other. Specify	
Check if this claim is for a community debt	Credit Card	
Is the claim subject to offset? ☑ No		
☐ Yes		

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Debtor 1 Michael Aaron Pritchard Debtor 2 Joi Lynn Pritchard	Case number (if known)	
Part 2: Your NONPRIORITY Unsecu	red Claims Continuation Page	
After listing any entries on this page, number the previous page.	m sequentially from the	Total claim
4.9		\$562.00
Capital One	Last 4 digits of account number 7 3 9 6	
Nonpriority Creditor's Name	When was the debt incurred? 08/2007	
Attn: Bankruptcy Number Street	As of the date you file, the claim is: Check all that apply.	
PO Box 30285	_ Contingent	
	☐ Unliquidated ☐ ☐ Disputed	
Salt Lake City UT 84130		
City State ZIP Code Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:	
Debtor 1 only	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce	
Debtor 2 only	that you did not report as priority claims	
Debtor 1 and Debtor 2 only At least one of the debtors and another	Debts to pension or profit-sharing plans, and other similar debts	
	Other. Specify	
Check if this claim is for a community debt	Credit Card	
Is the claim subject to offset? ☑ No		
Yes		
4.10		\$0.00
Citibank Nonpriority Creditor's Name	Last 4 digits of account number	
P.O. Box 6500	When was the debt incurred?	
Number Street	As of the date you file, the claim is: Check all that apply.	
0: 5 " 05 -5445	— Disputed	
Sioux Falls SD 57117 City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one.	Student loans	
Debtor 1 only	☐ Obligations arising out of a separation agreement or divorce	
Debtor 2 only Debtor 1 and Debtor 2 only	that you did not report as priority claims	
At least one of the debtors and another	☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify	
Check if this claim is for a community debt	✓ Other. Specify Credit Card	
Is the claim subject to offset?		
☑ No		
Yes		
4.11		\$0.00
Comenity - Victoria's Secret	Last 4 digits of account number	
Nonpriority Creditor's Name	When was the debt incurred?	
PO Box 659728 Number Street	As of the date you file, the claim is: Check all that apply.	
	_ Contingent	
	Unliquidated	
San Antonio TX 78265-9728	─ □ Disputed	
City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one. Debtor 1 only	Student loans	
Debtor 2 only	 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 	
Debtor 1 and Debtor 2 only	Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another	☑ Other. Specify	
Check if this claim is for a community debt	Credit Card	
Is the claim subject to offset? ✓ No		
☑ No □ Yes		

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Debtor 1 Michael Aaron Pritchard Debtor 2 Joi Lynn Pritchard	Case number (if known)	
Part 2: Your NONPRIORITY Unsecu	red Claims Continuation Page	
After listing any entries on this page, number the previous page.	m sequentially from the	Total claim
4.12		\$0.00
Credit Control, LLC	Last 4 digits of account number	
Nonpriority Creditor's Name 5757 Phantom Dr, #130	When was the debt incurred?	
Number Street	As of the date you file, the claim is: Check all that apply.	
	_ Contingent	
	☐ Unliquidated ☐ Disputed	
Hazelwood MO 63042		
City State ZIP Code Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:	
Debtor 1 only	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce	
Debtor 2 only	that you did not report as priority claims	
Debtor 1 and Debtor 2 only At least one of the debtors and another	Debts to pension or profit-sharing plans, and other similar debts	
Check if this claim is for a community debt		
Is the claim subject to offset?	Collection Agency	
✓ No		
Yes		
4.13		\$0.00
Family Healthcare Assoc	Last 4 digits of account number	\$0.00
Nonpriority Creditor's Name	When was the debt incurred?	
PO Box 735762 Number Street	As of the date you file, the claim is: Check all that apply.	
Number Sueet	_ ☐ Contingent	
	Unliquidated	
Dallas TX 75373	Disputed	
City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one.	Student loans	
Debtor 1 only Debtor 2 only	Obligations arising out of a separation agreement or divorce	
Debtor 1 and Debtor 2 only	that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another	Other. Specify	
☐ Check if this claim is for a community debt	Medical Bill	
Is the claim subject to offset?		
☑ No □ Yes		
4.14		\$0.00
Javitch Block LLC	Last 4 digits of account number	
Nonpriority Creditor's Name 275 W. Campbell, STe 312	When was the debt incurred?	
Number Street	As of the date you file, the claim is: Check all that apply.	
	Contingent Unliquidated	
	□ Disputed	
Richardson TX 75080 City State ZIP Code		
Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:	
Debtor 1 only	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce	
Debtor 2 only	that you did not report as priority claims	
Debtor 1 and Debtor 2 only At least one of the debtors and another	Debts to pension or profit-sharing plans, and other similar debts	
Check if this claim is for a community debt		
Is the claim subject to offset?	Judgment Oreattor Attorney	
✓ No		
T Yes		

Debtor 1 Michael Aaron Pritchard Debtor 2 Joi Lynn Pritchard	Case number (if known)		
Part 2: Your NONPRIORITY Unsecu	red Claims Continuation Page		
After listing any entries on this page, number the previous page.	m sequentially from the	Total claim	
4.15		\$0.00	
Kerry S. Culpepper	Last 4 digits of account number		
Nonpriority Creditor's Name 75-170 Hualalai Rd, Ste B204	When was the debt incurred?		
Number Street	As of the date you file, the claim is: Check all that apply.		
	Contingent		
	☐ Unliquidated ☐ ☐ Disputed		
Kailua-Kona HI 96740 City State ZIP Code			
City State ZIP Code Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:		
Debtor 1 only	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce		
Debtor 2 only	that you did not report as priority claims		
Debtor 1 and Debtor 2 only At least one of the debtors and another	☐ Debts to pension or profit-sharing plans, and other similar debts		
	Other. Specify		
Is the claim subject to offset?	Judgment Creditor Attorney		
✓ No			
Yes			
4.16		*** 7 * * * * * * * * * *	
	Lost 4 digits of account number C 2 2 C	\$2,784.00	
Lvnv Funding/Resurgent Capital Nonpriority Creditor's Name	Last 4 digits of account number6326_ When was the debt incurred? 06/2023		
Attn: Bankruptcy			
Number Street PO Box 10497	As of the date you file, the claim is: Check all that apply. ☐ Contingent		
	Unliquidated		
Greenville SC 29603	Disputed		
City State ZIP Code	Type of NONPRIORITY unsecured claim:		
Who incurred the debt? Check one.	Student loans		
Debtor 1 only Debtor 2 only	Obligations arising out of a separation agreement or divorce		
Debtor 2 only Debtor 1 and Debtor 2 only	that you did not report as priority claims		
At least one of the debtors and another	☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify		
☐ Check if this claim is for a community debt	Factoring Company Account		
Is the claim subject to offset?			
No Voo			
Yes			
4.17		\$10,046.00	
Midland Credit Mgmt	Last 4 digits of account number 9 5 7 5		
Nonpriority Creditor's Name	When was the debt incurred? 06/2023		
Attn: Bankruptcy Number Street	As of the date you file, the claim is: Check all that apply.		
PO Box 939069	_ Contingent		
	☐ Unliquidated ☐ ☐ Disputed		
San Diego CA 92193			
City State ZIP Code Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:		
Debtor 1 only	Student loans		
Debtor 2 only	 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 		
Debtor 1 and Debtor 2 only	Debts to pension or profit-sharing plans, and other similar debts		
At least one of the debtors and another	☑ Other. Specify		
Check if this claim is for a community debt	Factoring Company Account		
Is the claim subject to offset? ✓ No			
☑ No □ Yes			

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Debtor 1 Michael Aaron Pritchard Debtor 2 Joi Lynn Pritchard	Case number (if known)	
Part 2: Your NONPRIORITY Unsecu	red Claims Continuation Page	
After listing any entries on this page, number the previous page.	m sequentially from the	Total claim
4.18		\$3,291.00
Midland Credit Mgmt	Last 4 digits of account number 9 4 6 8	
Nonpriority Creditor's Name Attn: Bankruptcy	When was the debt incurred? 07/2023	
Number Street	As of the date you file, the claim is: Check all that apply.	
PO Box 939069	_	
	— ☐ Disputed	
San Diego CA 92193 City State ZIP Code	— (NONEDIODIE)	
Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:	
Debtor 1 only	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce	
Debtor 2 only	that you did not report as priority claims	
Debtor 1 and Debtor 2 only At least one of the debtors and another	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Other. Specify	
Check if this claim is for a community debt	Factoring Company Account	
Is the claim subject to offset? ☑ No		
Yes		
4.19		\$0.00
NTTA Nonpriority Creditor's Name	Last 4 digits of account number	
PO Box 660244	When was the debt incurred?	
Number Street	As of the date you file, the claim is: Check all that apply.	
	— ☐ Disputed	
Dallas TX 75266 City State ZIP Code		
Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:	
Debtor 1 only	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce	
Debtor 2 only	that you did not report as priority claims	
Debtor 1 and Debtor 2 only	Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another	Other. Specify	
Check if this claim is for a community debt	Tolls	
Is the claim subject to offset? ☑ No		
Yes		
4.20		\$0.00
PayPal Credit	Last 4 digits of account number	
Nonpriority Creditor's Name PO Box 960080	When was the debt incurred?	
Number Street	As of the date you file, the claim is: Check all that apply.	
	Contingent	
	☐ Unliquidated ☐ ☐ Disputed	
Orlando FL 32896		
City State ZIP Code Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:	
Debtor 1 only	Student loans Obligations gricing out of a congration agreement or diverse	
Debtor 2 only	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
Debtor 1 and Debtor 2 only	Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another	☑ Other. Specify	
Check if this claim is for a community debt	Credit Card	
Is the claim subject to offset?		
☑ No □ Yes		

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Debtor 1 Michael Aaron Pritchard Debtor 2 Joi Lynn Pritchard	Case number (if known)	
Part 2: Your NONPRIORITY Unsecu	red Claims Continuation Page	
After listing any entries on this page, number the previous page.	m sequentially from the	Total claim
4.21		\$0.00
Portfolio Recovery Associates	Last 4 digits of account number	
Nonpriority Creditor's Name 120 Corporate Blvd	When was the debt incurred?	
Number Street	As of the date you file, the claim is: Check all that apply.	
	_	
	Disputed	
Norfolk VA 23502 City State ZIP Code	Tune of NONDRIGHTY uncessured elemen	
Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim: Student loans	
Debtor 1 only	Obligations arising out of a separation agreement or divorce	
Debtor 2 only Debtor 1 and Debtor 2 only	that you did not report as priority claims	
At least one of the debtors and another	☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify	
Check if this claim is for a community debt	Collection Agency	
Is the claim subject to offset?	•	
<u>M</u> No		
Yes		
4.22		\$0.00
Sears	Last 4 digits of account number	
Nonpriority Creditor's Name PO Box 6275	When was the debt incurred?	
Number Street	As of the date you file, the claim is: Check all that apply.	
	_ Contingent	
	☐ Unliquidated ☐ ☐ Disputed	
Sioux Falls SD 57117		
City State ZIP Code Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:	
Debtor 1 only	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce	
Debtor 2 only	that you did not report as priority claims	
☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	☐ Debts to pension or profit-sharing plans, and other similar debts	
Check if this claim is for a community debt		
Is the claim subject to offset?	Credit Card	
✓ No		
Yes		
4.23		¢5 042 00
Synchrony Bank/Amazon	Last 4 digits of account number 6 6 5 3	\$5,912.00
Nonpriority Creditor's Name	Last 4 digits of account number 6 6 5 3 When was the debt incurred? 09/2014	
Attn: Bankruptcy Number Street	As of the date you file, the claim is: Check all that apply.	
PO Box 965060	Contingent	
	Unliquidated	
Orlando FL 32896	Disputed	
City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one. ✓ Debtor 1 only	Student loans	
Debtor 2 only	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
Debtor 1 and Debtor 2 only	Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another	Other. Specify	
Check if this claim is for a community debt	Charge Account	
Is the claim subject to offset?		
☑ No □ Yes		

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Debtor 1 Michael Aaron Pritchard Debtor 2 Joi Lynn Pritchard	Case number (if known)	
Part 2: Your NONPRIORITY Unsecu	red Claims Continuation Page	
After listing any entries on this page, number the previous page.	m sequentially from the	Total claim
4.24		\$4,724.00
Synchrony Bank/Care Credit Nonpriority Creditor's Name	_ Last 4 digits of account number 3 9 8 4	
Attn: Bankruptcy	When was the debt incurred? 07/2016	
Number Street PO Box 965060	As of the date you file, the claim is: Check all that apply.	
FO BOX 303000		
	Disputed	
Orlando FL 32896 City State ZIP Code		
Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:	
Debtor 1 only	Student loans Obligations arising out of a congration agreement or diverse	
Debtor 2 only	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
Debtor 1 and Debtor 2 only	Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another	✓ Other. Specify	
Check if this claim is for a community debt	Charge Account	
Is the claim subject to offset?		
No Yes		
Yes		
4.25		\$0.00
Synchrony Bank/Floor & Decor	Last 4 digits of account number	Ψ0.00
Nonpriority Creditor's Name	When was the debt incurred?	
Attn: Bankruptcy	<u> </u>	
Number Street PO Box 965060	As of the date you file, the claim is: Check all that apply.	
1 O DOX 300000		
	— ☐ Disputed	
Orlando FL 32896		
City State ZIP Code Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:	
Debtor 1 only	Student loans	
Debtor 2 only	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
Debtor 1 and Debtor 2 only	Debts to pension or profit-sharing plans, and other similar debts	
At least one of the debtors and another	✓ Other. Specify	
☐ Check if this claim is for a community debt	Credit Card	
Is the claim subject to offset?		
☑ No		
Yes		
4.26		\$510.00
Synchrony Bank/Select Comfort	Last 4 digits of account number	
Nonpriority Creditor's Name Attn: Bankruptcy	When was the debt incurred? 09/2018	
Number Street	As of the date you file, the claim is: Check all that apply.	
PO Box 965060	_ Contingent	
	Unliquidated	
Orlando FL 32896	─	
City State ZIP Code	Type of NONPRIORITY unsecured claim:	
Who incurred the debt? Check one.	☐ Student loans	
Debtor 1 only Debtor 2 only	Obligations arising out of a separation agreement or divorce	
Debtor 1 and Debtor 2 only	that you did not report as priority claims	
At least one of the debtors and another	Debts to pension or profit-sharing plans, and other similar debts	
Check if this claim is for a community debt	✓ Other. Specify Charge Account	
Is the claim subject to offset?	Chargo Hoodant	
✓ No		
Yes		

Debtor 1 Debtor 2 Michael Aaron Pritchard Joi Lynn Pritchard Case number (if known) Part 2: Your NONPRIORITY Unsecured Claims Continuation Page		
4.27		\$681.00
Synchrony Bank/Walmart	Last 4 digits of account number 3 0 8 2	
Nonpriority Creditor's Name Po Box 965060	When was the debt incurred? 08/2018	
Number Street	As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed	
Orlando FL 32896		
City State ZIP Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt	Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Credit Card	
Is the claim subject to offset? ☑ No ☐ Yes		
4.28		\$0.00
Tractor Supply Credit Card	Last 4 digits of account number	
Nonpriority Creditor's Name PO Box 6403	When was the debt incurred?	
Number Street	 As of the date you file, the claim is: Check all that apply. ☐ Contingent ☐ Unliquidated 	
Sioux Follo SD 57447 6402	Disputed	
Sioux Falls SD 57117-6403 City State ZIP Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset?	Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Credit Card	
4.29		\$0.00
Tyler Southwick	Last 4 digits of account number	
Nonpriority Creditor's Name Hyland Law PLLc	When was the debt incurred?	
Number Street 1818 Library St., Ste 500	 As of the date you file, the claim is: Check all that apply. □ Contingent □ Unliquidated □ Disputed 	
Reston VA 20190		
City State ZIP Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset?	Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Judgment Creditor Attorney	
☑ No □ Yes		

Debtor 1 Debtor 2	Michael Aaron Pritchard Joi Lynn Pritchard	Case number (if known)	
Part 2:	Your NONPRIORITY Unsecui	red Claims Continuation Page	
After listin	g any entries on this page, number the page.	m sequentially from the	Total claim
4.30			\$5,571.00
Wells Far	go Bank NA	Last 4 digits of account number 5 3 1 2	
Nonpriority C	reditor's Name	When was the debt incurred? 07/2021	
Attn: Ban	Street	As of the date you file, the claim is: Check all that apply.	
1 Home C	Campus MAC X2303-01A 3rd Floor	_ Contingent	
		Unliquidated	
Des Moin	ies IA 50328	Disputed	
City	State ZIP Code	Type of NONPRIORITY unsecured claim:	
— D-1-4	red the debt? Check one.	☐ Student loans	
☑ Debtor	2 only	Obligations arising out of a separation agreement or divorce	
	1 and Debtor 2 only	that you did not report as priority claims	
_	t one of the debtors and another	☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify	
☐ Check	if this claim is for a community debt	✓ Other. Specify Credit Card	
Is the clair	n subject to offset?		
☑ No	•		
Yes			
4.31			
			\$1,496.00
	rgo Bank NA Freditor's Name	_ Last 4 digits of account number _ 2 _ 5 _ 2 _ 4 _	
Attn: Ban	•	When was the debt incurred? 08/2022	
Number	Street	As of the date you file, the claim is: Check all that apply.	
1 Home C	Campus MAC X2303-01A 3rd Floor	_ Contingent	
		☐ Unliquidated ☐ Disputed	
Des Moin			
City	State ZIP Code red the debt? Check one.	Type of NONPRIORITY unsecured claim:	
Debtor		☐ Student loans	
☑ Debtor		Obligations arising out of a separation agreement or divorce	
لنا	1 and Debtor 2 only	that you did not report as priority claims	
	t one of the debtors and another	☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify	
Check	if this claim is for a community debt	Credit Card	
Is the clair	n subject to offset?		
☑ No	-		
Yes			

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Debtor 1	Michael Aaron Pritchard		
Debtor 2	Joi Lynn Pritchard	Case number (if known)	

Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only.
 U.S.C. § 159. Add the amounts for each type of unsecured claim.

Add the Amounts for Each Type of Unsecured Claim

				Total claim
Total claims from Part 1	6a.	Domestic support obligations	6a.	\$0.00
	6b.	Taxes and certain other debts you owe the government	6b.	\$0.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d. -	\$4,003.00
	6e.	Total. Add lines 6a through 6d.	6d.	\$4,003.00
				Total claim
Total claims from Part 2	6f.	Student loans	6f.	\$0.00
	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$0.00
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i. -	F\$50,927.00
	6j.	Total. Add lines 6f through 6i.	6j.	\$50,927.00

Part 4:

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Fill in this in	formation to	identify your case	:					
Debtor 1	Michael	Aaron	Pritchard					
	First Name	Middle Name	Last Name					
Debtor 2	Joi	Lynn	Pritchard					
(Spouse, if filing)) First Name	Middle Name	Last Name					
United States Ba	nkruptcy Court fo	or the: NORTHERN D	ISTRICT OF TEXA	<u>s</u>				
Case number								
(if known)				☐ Check if this is an amended filing				
	4000							
Official Form	106G							
Schedule G	: Executor	y Contracts an	d Unexpired L	eases 12				
	. 0	es, write your name an	•	,r				
□ No. Che	eck this box and t	file this form with the co	ourt with your other sch	nedules. You have nothing else to report on this form.				
ш								
is for (for ex	List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.							
Person o	r company with	whom you have the c	ontract or lease	State what the contract or lease is for				
2.1 ACG Equ	uipment			Business Printer				
Name 14425 Fa	alcon Head Blv	/d		Contract to be ASSUMED				
Number	Street	ru .		-				
Bld E				-				

TX State **78738**ZIP Code

Austin City

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Fill in this inf	ormation to i				
Debtor 1	Michael First Name	Aaron Middle Name	Pritchard Last Name	-	
Debtor 2 (Spouse, if filing)	Joi First Name	Lynn Middle Name	Pritchard Last Name	-	
United States Bar	nkruptcy Court fo	-			
Case number (if known)					Check if this i amended filin

Official Form 106H

Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1.	Do y	/ou h No Yes	ave any codebtors?	(If you are filing a joint o	case, do	o not list eithe	r spouse a	as a codebtor.)
2.		ıde A No.	rizona, California, Idaho Go to line 3.	•	ew Mexi	co, Puerto Ri	co, Texas	(Community property states and territories ; Washington, and Wisconsin.)
		Y	In which community st Joi Lynn Pritchard	ner spouse, or legal equivalentrive		Texas 76001 ZIP Code	Fill	in the name and current address of that person

3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

Column 1: Your codebtor

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

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Fill in this inform	mation to identify	your case:			
Debtor 1	Michael First Name	Aaron Middle Name	Pritchard Last Name	Che	eck if this is:
Debtor 2 (Spouse, if filing)	Joi First Name	Lynn Middle Name	Pritchard Last Name		An amended filing A supplement showing postpetition
United States Bank Case number (if known)	cruptcy Court for the:	NORTHERN DIS	STRICT OF TEXAS		chapter 13 income as of the following date:

Official Form 106I

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1:	Describe	Employ	yment
---------	----------	---------------	-------

1.	Fill in your employment information.		Debtor 1		Debtor 2 or non-filing spouse		
	If you have more than one job, attach a separate page with information about additional employers.	Employment status	✓ Employed☐ Not employed		☐ Employed✓ Not employed		
	additional omployers.	Occupation	NCT		Housewife		
	Include part-time, seasonal, or self-employed work.	Employer's name	ATT		_		
	Occupation may include	Employer's address	1116 Houston ST				
	student or homemaker, if it	, .,	Number Street		Number Street		
	applies.		Fort Worth, TX				
			City	State Zip Code	- City	State Zip Code	
			Oity	otate Zip oode	Oity	Otate Zip Code	
		How long employed t	here?				

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.

3. Estimate and list monthly overtime pay.

4. Calculate gross income. Add line 2 + line 3.

Official Form 106l Schedule I: Your Income page 1

Debtor 1

Michael Aaron Pritchard

Debto	or 2 Joi Lynn Pritchard		Case nun	nber (if known)	
		F	For Debtor 1	For Debtor 2 or non-filing spouse	
	Copy line 4 here	4.	\$8,724.30	\$0.00	
	List all payroll deductions:		44 000 00	44.44	
	5a. Tax, Medicare, and Social Security deductions	5a.	\$1,632.22	\$0.00	
	5b. Mandatory contributions for retirement plans	5b.	\$0.00	\$0.00	
	5c. Voluntary contributions for retirement plans	5c.	\$411.67	\$0.00	
	5d. Required repayments of retirement fund loans	5d.	\$0.00	\$0.00	
	5e. Insurance	5e.	\$536.25	\$0.00	
	5f. Domestic support obligations	5f.	\$0.00	\$0.00	
	5g. Union dues	5g.	\$0.00	\$0.00	
,	5h. Other deductions. Specify: Disability and Life	5h. +	\$84.50	\$0.00	
	Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h.	6.	\$2,664.64	\$0.00	
	Calculate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$6,059.66	\$0.00	
	List all other income regularly received:				
;	8a. Net income from rental property and from operating a business, profession, or farm	8a.	\$0.00	\$0.00	
	Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.				
:	8b. Interest and dividends	8b.	\$0.00	\$0.00	
;	8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive	8c.	\$707.00	\$0.00	
	Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.				
	8d. Unemployment compensation	8d.	\$0.00	\$0.00	
:	8e. Social Security	8e.	\$0.00	\$0.00	
:	8f. Other government assistance that you regularly receive				
	Include cash assistance and the value (if known) or any non- cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program)				
	or housing subsidies.				
	Specify:	8f.	\$0.00	\$0.00	
	8g. Pension or retirement income	8g.	\$0.00	\$0.00	
;	8h. Other monthly income.				
	Specify:	_ ^{8h.} +	\$0.00	\$0.00	
9.	Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.	9.	\$707.00	\$0.00	
10.	Calculate monthly income. Add line 7 + line 9.	10.	\$6,766.66	+ \$0.00 =	\$6,766.66
	Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	L			
	State all other regular contributions to the expenses that you list in S Include contributions from an unmarried partner, members of your housel friends or relatives.			r roommates, and other	г
I	Do not include any amounts already included in lines 2-10 or amounts that	at are no	ot available to pay e	expenses listed in Sche	dule J.
;	Specify:			11. +	\$0.00
	Add the amount in the last column of line 10 to the amount in line 11. income. Write that amount on the Summary of Your Assets and Liabilities				\$6,766.66
	if it applies.	o una o		omaton,	Combined monthly income
	Do you expect an increase or decrease within the year after you file t	this forn	n?		-
	No. None.				
	Yes. Explain:				

ī	ill in this inform	nation to ider	ntify your case:			0	_1. :£ 41_:_			
	Debtor 1	Michael	Aaron	Pritch	nard	Che	ck if this An ame	nded filing		
		First Name	Middle Name	Last Na				ement showing	postpe	etition
	Debtor 2	Joi	Lynn	Pritch			chapter followin	13 expenses as	s of the	е
	(Spouse, if filing)	First Name	Middle Name	Last Na	me		IOIIOWIII	g date.		
	United States Bankr	uptcy Court for t	he: NORTHERN D	STRICT OF	TEXAS		MM / DI	D / YYYY	_	
	Case number (if known)									
0	fficial Form 10)6J								
S	chedule J: Yo	our Expens	ses							12/15
co na	rrect information. If me and case number	f more space is	ible. If two married p needed, attach anoth nswer every question sehold	er sheet to t						
1.	Is this a joint case	e?								
2.	─	s. Debtor 2 must endents?	separate household? t file Official Form 106J No Yes. Fill out this in	-2, Expenses	Dependent's relation	onship		Dependent's		s dependent
	Do not list Debtor Debtor 2.	1 and	for each dependen		Debtor 1 or Debtor	2		age	live	with you? No
	Do not state the de names.	ependents'			<u>Daughter</u>			<u>16</u>		Yes No Yes No Yes No Yes No Yes No
3.	Do your expenses expenses of peop yourself and your	ole other than r dependents?	☑ No □ Yes						- 🗖	Yes
			oing Monthly Exp							
to		of a date after t	ankruptcy filing date u the bankruptcy is filed e.							e
	•		ash government assis on Schedule I: Your I	•				Your expens	es	
4.		•	openses for your resident of any rent for the grou				4			\$1,033.36
	If not included in	line 4:								
	4a. Real estate ta	axes					4	a		
	4b. Property, hon	neowner's, or rer	nter's insurance				4	-b.		
			nd upkeep expenses				4	-C.		\$175.00
	4d Homeowner's	•						.d		

	otor 1	Michael Aaron Pritchard Joi Lynn Pritchard		Case number (if known)			
DOL	7.01 Z	Joi Lyiii Filicharu	Case number (if known)				
			Your expenses				
5.	Additio	nal mortgage payments for your residence, such as home equity loans	5.				
6.	Utilitie	s:					
	6a. El	ectricity, heat, natural gas	6a	\$375.00			
	6b. W	ater, sewer, garbage collection	6b	\$130.00			
		elephone, cell phone, Internet, satellite, and ble services	6c	\$71.00			
	6d. O	her. Specify: Cell Phone	6d	\$172.00			
7.	Food a	nd housekeeping supplies	7.	\$1,000.00			
8.	Childo	are and children's education costs	8.				
9.	Clothir	g, laundry, and dry cleaning	9.	\$150.00			
10.	Persor	al care products and services	10.	\$100.00			
11.	Medica	ıl and dental expenses	11.	\$1,500.00			
12.		ortation. Include gas, maintenance, bus or train o not include car payments.	12.	\$500.00			
13.	Enterta	ninment, clubs, recreation, newspapers, ines, and books	13.				
14.	·	able contributions and religious donations	14.				
15.	Insura	nce.					
	Do not	include insurance deducted from your pay or included in lines 4 or 20.					
	15a.	ife insurance	15a				
	15b.	Health insurance	15b				
	15c.	/ehicle insurance	15c	\$439.00			
	15d.	Other insurance. Specify:	15d				
16.	Taxes.	, , ,	16				
17.	Installi	nent or lease payments:					
	17a.	Car payments for Vehicle 1	17a				
	17b.	Car payments for Vehicle 2	17b.				
	17c.	Other. Specify:	17c.				
		Other. Specify:		_			
18.	Your p	ayments of alimony, maintenance, and support that you did not report as ed from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18.				
19.	Other	payments you make to support others who do not live with you.	19.				
20.		eal property expenses not included in lines 4 or 5 of this form or on ale I: Your Income.					
	20a.	Mortgages on other property	20a.				
	20b.	Real estate taxes	20b.				
	20c.	Property, homeowner's, or renter's insurance	00				
	20d.	Maintenance, repair, and upkeep expenses	00.1				
	20e.	Homeowner's association or condominium dues	00				

Debtor 1 Debtor 2			n Pritchard	Case number (if kno	wn	າ)	
21.	Other.	Specify:	See continuation sheet	21.	+	F	\$245.00
22.	Calcul	ate your n	nonthly expenses.		_		
	22a. <i>i</i>	Add lines 4	4 through 21.	22a.			\$5,890.36
	22b.	Copy line 2	22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2.	22b.			
	22c.	Add line 2	2a and 22b. The result is your monthly expenses.	22c.			\$5,890.36
23.	Calcul	ate your n	nonthly net income.				
	23a.	Copy line	12 (your combined monthly income) from Schedule I.	23a.			\$6,766.66
	23b.	Copy your	monthly expenses from line 22c above.	23b.	-		\$5,890.36
	23c. Subtract your monthly expenses from your monthly income. The result is your monthly net income.			23c.			\$876.30
24.	Do you	ı expect a	n increase or decrease in your expenses within the year after you fi	ile this form?			
	For example, do you expect to finish paying for your car loan within the year or do you expect your mortg payment to increase or decrease because of a modification to the terms of your mortgage?						
	☑ No						
	☐ Ye	es. Explai None	n here:				

Debtor 1 Debtor 2	Michael Aaron Pritchard Joi Lynn Pritchard	Case number (if know	n)
	Specify: ing for work		\$150.00
	age Unit		\$75.00
Alarn			\$20.00
		Total:	\$245.00

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Fill in this information to identify your case:						
Debtor 1	Michael	Aaron	Pritchard			
Debtor 2	First Name Joi	Middle Name Lvnn	Last Name Pritchard			
(Spouse, if filing		Middle Name	Last Name			
United States E	Bankruptcy Court fo	or the: NORTHERN D	ISTRICT OF TEXAS			
Case number (if known)						

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

Р	art 1: Summarize Your Assets	
		Your assets Value of what you own
1.	Schedule A/B: Property (Official Form 106A/B)	
	1a. Copy line 55, Total real estate, from Schedule A/B	\$282,900.00
	1b. Copy line 62, Total personal property, from Schedule A/B	\$375,523.35
	1c. Copy line 63, Total of all property on Schedule A/B	\$658,423.35
P	art 2: Summarize Your Liabilities	
		Your liabilities Amount you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$231,558.00
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$4,003.00
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	+ \$50,927.00
	Your total liabilities	\$286,488.00
Р	art 3: Summarize Your Income and Expenses	
4.	Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$6,766.66
5.	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$5,890.36

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Debtor 1 Debtor 2		Michael Aaron Pritchard Joi Lynn Pritchard	Case number (if known)	
F	art 4:	Answer These Questions for Administrative and Statisti	cal Records	
6.	Are you	u filing for bankruptcy under Chapters 7, 11, or 13?		
	□ No ✓ Ye	o. You have nothing to report on this part of the form. Check this box and su	ubmit this form to the court with your other schedules.	
7.	What k	ind of debt do you have?		
	س	our debts are primarily consumer debts. Consumer debts are those "incumily, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statis		
		our debts are not primarily consumer debts. You have nothing to report on s form to the court with your other schedules.	n this part of the form. Check this box and submit	
8. From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.				
9.	Copy th	ne following special categories of claims from Part 4, line 6 of Schedule	E/F:	
			Total claim	
	From P	art 4 on Schedule E/F, copy the following:		
	9a. Do	omestic support obligations. (Copy line 6a.)	\$0.00	
	9b. Ta	xes and certain other debts you owe the government. (Copy line 6b.)	\$0.00	
	9c. Cla	aims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$0.00	
	9d. St	udent loans. (Copy line 6f.)	\$0.00	
		oligations arising out of a separation agreement or divorce that you did not re ority claims. (Copy line 6g.)	sport as \$0.00	
	9f. De	ebts to pension or profit-sharing plans, and other similar debts. (Copy line 6	+ <u>\$0.00</u>	
	9g. To	otal. Add lines 9a through 9f.	\$0.00	

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Debtor 1 Michael Aaron Pritchard First Name Middle Name Last Name Debtor 2 Joi Lynn Pritchard (Spouse, if filing) First Name Middle Name Last Name United States Bankruptcy Court for the: NORTHERN DISTRICT OF TEXAS Case number (if known)	Fill in this inf	Fill in this information to identify your case:						
Debtor 2 Joi Lynn Pritchard (Spouse, if filing) First Name Middle Name Last Name United States Bankruptcy Court for the: NORTHERN DISTRICT OF TEXAS Case number	Debtor 1							
(Spouse, if filing) First Name Middle Name Last Name United States Bankruptcy Court for the: NORTHERN DISTRICT OF TEXAS Case number		First Name	Middle Name	Last Name				
United States Bankruptcy Court for the: NORTHERN DISTRICT OF TEXAS Case number	Debtor 2	Joi	Lynn	Pritchard				
Case number	(Spouse, if filing)	First Name	Middle Name	Last Name				
	United States Bar	nkruptcy Court fo	or the: NORTHERN D	ISTRICT OF TEXAS				
(if known)	Case number							
(II MIOMI)	(if known)							

Declaration About an Individual Debtor's Schedules

12/15

119).

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below	
Did you pay or agree to pay someone who is l	NOT an attorney to help you fill out bankruptcy forms?
☑ No	
Yes. Name of person	Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119)
Under penalty of perjury, I declare that I have true and correct.	read the summary and schedules filed with this declaration and that they are
X /s/ Michael Aaron Pritchard Michael Aaron Pritchard, Debtor 1	X /s/ Joi Lynn Pritchard Joi Lynn Pritchard, Debtor 2
Date 07/24/2024 MM / DD / YYYY	Date <u>07/24/2024</u> MM / DD / YYYY

Ē	ill in this inf	ormation to ide	ntify yo	ur case:			
D	ebtor 1	Michael	Aaron		d		
		First Name	Middle N	Name Last Name			
	ebtor 2 Spouse, if filing)	Joi First Name	Lynn Middle N	Pritchar Name Last Name	<u>d</u>		
			a NORT	HERN DISTRICT OF	TEYAS		
		ikiupicy Court for th	ie. <u>MOINT</u>	TIERRI DIOTRIOT OF	TEXAS		
	case number f known)					Check if th amended f	
C ₁	fficial Form	107					-
_			ffairs f	for Individuals F	Filing for Bank	ruptcv	04/22
you	rrect informatio ur name and ca	n. If more space is se number (if know	s needed, vn). Answ		t to this form. On the	re equally responsible for s top of any additional page: Before	
1.	What is your ☑ Married ☐ Not marrie	current marital stat	tus?				
2.	☑ No			ywhere other than whe	-	now.	
3.	(Community p				•	unity property state or territ evada, New Mexico, Puerto F	•
	□ No ☑ Yes. Mak	e sure you fill out So	chedule H	: Your Codebtors (Officia	al Form 106H).		
P	Part 2: Exp	olain the Source	es of Yo	ur Income			
4.	Fill in the total	amount of income y	you receive	ent or from operating a ed from all jobs and all b come that you receive to	usinesses, including p		llendar years?
	□ No ☑ Yes. Fill i	n the details.					
				Debtor 1		Debtor 2	
				Sources of income Check all that apply.	Gross income (before deductions and exclusions	Sources of income Check all that apply.	Gross income (before deductions and exclusions
	-	f the current year u for bankruptcy:	ıntil	₩ages, commissions bonuses, tips	\$60,391.6		
			1	Operating a business		Operating a business	
Foi	r last calendar y	year:		₩ages, commissions bonuses, tips	\$101,538.0		
(Ja	nuary 1 to Dece	mber 31, 2023)	1	☐ Operating a business		Operating a business	
Foi	r the calendar y	ear before that:	1	₩ages, commissions bonuses, tips	\$95,357.0		_
(Ja	nuary 1 to Dece	mber 31, 2022)		☐ Operating a business		☐ Operating a business	

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		Michael Aaron Pritchard Joi Lynn Pritchard Case number (if known)						
5. Did you receive any other income during this year or the two previous calendar years? Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security; unemployment; and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.								
	List each	source and the gr	parately. Do not include income that you listed in line 4.					
	✓ No ☐ Yes.	Fill in the details.						
Р	art 3:	List Certain P	ayments You Made Befor	e You Filed for Bankruptcy				
6.	Are eith	er Debtor 1's or De	ebtor 2's debts primarily consur	mer debts?				
	□ No.		1 nor Debtor 2 has primarily condividual primarily for a personal,	nsumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as family, or household purpose."				
		During the 90 da	ys before you filed for bankruptcy	, did you pay any creditor a total of \$7,575* or more?				
		☐ No. Go to line	e 7.					
		total am	nount you paid that creditor. Do no	id a total of \$7,575* or more in one or more payments and the not include payments for domestic support obligations, such as include payments to an attorney for this bankruptcy case.				
		* Subject to adju	stment on 4/01/25 and every 3 ye	ears after that for cases filed on or after the date of adjustment.				
	✓ Yes.	Debtor 1 or Deb	tor 2 or both have primarily con	nsumer debts.				
		During the 90 da	ys before you filed for bankruptcy	y, did you pay any creditor a total of \$600 or more?				
		No. Go to line	e 7.					
		creditor		id a total of \$600 or more and the total amount you paid that omestic support obligations, such as child support and alimony. rney for this bankruptcy case.				
7.	Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations such as child support and alimony.							
	✓ No ☐ Yes.	List all payments	to an insider.					
8.		year before you f d an insider?	iled for bankruptcy, did you mal	ke any payments or transfer any property on account of a debt that				
	Include p	payments on debts	guaranteed or cosigned by an ins	sider.				
	✓ NoYes. List all payments that benefited an insider.							

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Debtor 1 Debtor 2		Michael Aaron Pritcha Joi Lynn Pritchard	rd	Case number (if	f known) _				
Pa	rt 4:	Identify Legal Action	ons, Repossessions, and	Foreclosures					
9.	Within this	•	sonal injury cases, small claims	in any lawsuit, court action, or actions, divorces, collection suits		-	-		
	□ No ✓ Yes	s. Fill in the details.							
Cas	e title		Nature of the case	Court or agency		St	atus of the case		
MCI	M v Mic	hael A Pritchard	Civil	Justice Court 7 Ta	arrant Co	unty	— 🗖 Pending		
				Court Name		•	Pending		
				1100 East Broad S	St. Ste 20	12	On appeal		
Case	e numbe	r JP07-24-DC36176		Number Street			☐ Concluded		
				Mansfield	TX	76063			
				City	State	ZIP Code	_		
Cas	e title		Nature of the case	Court or agency		St	atus of the case		
Ban	k of An	nerica v Joi Lynn	Civil	Justice Court 7 Ta	arrant Co	unty	_ 5 "		
	chard	•		Court Name		•	— ☐ Pending		
				1100 East Broad	St. Ste 20	2	On appeal		
Case	e numbe	r JP 07-24-DC37682		Number Street			Concluded		
				Mansfield	TX	76063	_ _		
				City	State	ZIP Code			
Case	e title		Nature of the case	Court or agency		St	atus of the case		
		d LTD v A and J	reduce of the base	United States Dis	trict Cou		atas of the case		
		Michael Aaron		District of Virgina		t Luotoiii	Pending		
Prit	chard a	ınd Joi Lynn		Court Name			On appeal		
	chard	- 00 000 I MD WEF		Number Street			Concluded		
Case	enumbe	r <u>22-cv-868-LMB-WEF</u>					<u> </u>		
				City	State	ZIP Code			
				Oity	Otate	Zii Oodc			
	e title		Nature of the case	Court or agency			atus of the case		
		edit Management v	Civil	Justice Court 7 Ta	arrant Co	unty	─ Pending		
JOI	Pritcha	ru		Court Name 1100 East Broad \$	St. Ste 20	12	_		
				Number Street					
Case	e numbe	r <u>JP07-24-DC36552</u>					Concluded		
				Mansfield	TX	76063	<u></u>		
				City	State	ZIP Code			

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	otor 1 otor 2	Michael Aaron Pi Joi Lynn Pritchai			Case number (if k	known)		
10.	seized,	1 year before you fil or levied? all that apply and fill i		ptcy, was any of your property repositors.	ossessed, foreclose	d, garnished, attach	ned,	
		. Go to line 11. s. Fill in the informati	on below.					
11.		•		uptcy, did any creditor, including a o make a payment because you ow		nstitution, set off any	y	
	✓ No	s. Fill in the details.						
12.		•	•	ptcy, was any of your property in tl ustodian, or another official?	ne possession of an	assignee for the be	nefit of	
	✓ No ☐ Yes							
P	art 5:	List Certain G	ifts and Cor	ntributions				
13.	Within	2 years before you f	filed for bankrı	uptcy, did you give any gifts with a	total value of more	than \$600 per perso	on?	
	✓ No ☐ Yes	s. Fill in the details fo	or each gift.					
14.	Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?							
	✓ No ☐ Yes	s. Fill in the details fo	or each gift or c	ontribution.				
P	art 6:	List Certain Lo	osses					
15.		1 year before you fil lisaster, or gambling		ptcy or since you filed for bankrup	cy, did you lose any	ything because of th	eft, fire,	
	✓ No ☐ Yes	s. Fill in the details.						
P	art 7:	List Certain Pa	ayments or	Transfers				
16.	anyone	you consulted abo	ut seeking bar	ptcy, did you or anyone else acting nkruptcy or preparing a bankruptcy preparers, or credit counseling agenci	petition?			
		s. Fill in the details.						
	eans a	nd Garcia, PLLC		Description and value of any pro	perty transferred	Date payment or transfer was made	Amount of payment	
		oper St, Ste 209		_		07/16/2024	\$247.00	
Num	nber Str	reet		_				_
Arli City	ington	TX State	76017 ZIP Code	-				
Ema	il or websi	te address		-				
Pers	on Who N	Made the Payment, if Not	You	-				

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	otor 1 otor 2	Michael Aaron Pritchard Joi Lynn Pritchard	I	Case number (if known)							
17.	anyon	-	deal with your creditors or to make pay	g on your behalf pay or transfer any prope ments to your creditors?	rty to						
	✓ No	s. Fill in the details.									
18.		Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?									
	Include	e both outright transfers and tra	•	g of a security interest or mortgage on your pr	operty).						
	□ No ☑ Ye	s. Fill in the details.									
			Description and value of	Describe any property or payments	Date transfer						
Un Pers	known on Who F	Buyer found online Received Transfer	ATV 2021 Tracker 450	received or debts paid in exchange sold for FMV of \$1000	was made 6/2024						
			FMV \$1000	3010 1011 1114 01 \$1000	0/2024						
Num	nber St	reet									
City		State ZIP Coo	de								
Per	son's rel	ationship to you									
19.	Within	10 years before you filed for	r bankruptcy, did you transfer any prope	erty to a self-settled trust or similar device	of which						
		• •	e often called asset-protection devices.)								
	✓ No	s. Fill in the details.									
P	art 8:	List Certain Financia	al Accounts Instruments Safe D	eposit Boxes, and Storage Units							
				or instruments held in your name, or for y	our						
	benefi	t, closed, sold, moved, or tra	insferred?	•							
			arket, or other financial accounts; certificats; associations, and other financial institutions.	tes of deposit; shares in banks, credit unions, ons.	brokerage						
	☑ No	s. Fill in the details.									
21.	-	u now have, or did you have curities, cash, or other valua		uptcy, any safe deposit box or other depos	itory						
	☑ No	s. Fill in the details.									
22.	— Have y	ou stored property in a store	age unit or place other than your home	within 1 year before you filed for bankrupto	cy?						
	□ No ☑ Ye	s. Fill in the details.									
			Who else has or had access to it?	Describe the contents	Do you still have it?						
Sni	uthern	Boat and RV Storage			√ No						
		age Facility	Name		Yes						
Num	nber St	reet	Number Street								
City		State ZIP Code	City State ZIP Code								

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Debtor 1 Debtor 2	Michael Aaron Pritchar Joi Lynn Pritchard	d		Coop number (if known)	
	ooi Lynn i monara	Who else has	or had access to it?	Case number (if known) Describe the contents	Do you still have it?
Public Storage Name of Storage Facility		Name		Furniture and household goods	□ No ✓ Yes
Number S			ot.	_	
Number 3	Sileet	Number Stree	5t		
City	State ZIP Code	City	State ZIP Code		
Part 9:	Identify Property Yo	ou Hold or Con	trol for Someone Els	se	
•	ou hold or control any prope ld in trust for someone.	rty that someone	else owns? Include any p	property you borrowed from, are storing	for,
☐ Y	lo 'es. Fill in the details.				
Part 10	: Give Details About	Environmental	Information		
	irpose of Part 10, the followi				
■ <i>Envirol</i> hazard	nmental law means any fede	eral, state, or local tes, or material in	I statute or regulation cor to the air, land, soil, surfa	ncerning pollution, contamination, releasence water, groundwater, or other medium wastes, or material.	
■ Site m		r property as defir	ned under any environme	ntal law, whether you now own, operate,	or
	lous material means anythin nce, hazardous material, pol	-		dous waste, hazardous substance, toxic	
Report all	notices, releases, and proce	edings that you k	now about, regardless of	when they occurred.	
24. Has a law?	any governmental unit notific	d you that you ma	ay be liable or potentially	liable under or in violation of an environ	mental
☑ Y	lo es. Fill in the details.				
	you notified any governmen	tal unit of any rele	ease of hazardous materi	al?	
☐ Y	lo 'es. Fill in the details.				
26. Have order		cial or administra	tive proceeding under an	y environmental law? Include settlement	ts and
☑ Y	lo es. Fill in the details.				

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Debtor 1 Debtor 2	Michael Aaron Pritchard Joi Lynn Pritchard		Case number	(if knowr	n)				
Part 11:	Give Details About Y	our Business or Connections to A	ny Business	i					
27. Within busine	-	bankruptcy, did you own a business or ha	ve any of the fo	llowing	conr	nection	s to a	ny	
	A member of a limited liabili A partner in a partnership An officer, director, or mana	oloyed in a trade, profession, or other activity, ty company (LLC) or limited liability partnersh ging executive of a corporation he voting or equity securities of a corporation	nip (LLP)	or part-ti	me				
	None of the above applies. Check all that apply above	Go to Part 12. and fill in the details below for each business	i.						
A and J G	raphics, LLC	Describe the nature of the business Apparal Decorating	Employe Do not i					mber o	r ITIN.
Business Nam		Name of accountant or bookkeeper	EIN: 8		4	5 6	4_	2	<u> 9</u>
Number St	reet	·	Dates bu	Dates business existed					
		_	From _	2015		То_	Cur	rent	_

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Debtor 1 Debtor 2	Michael Aaron Pritchard Joi Lynn Pritchard	Case number (if known)
Part 12	Sign Below	
that the ar property b	nswers are true and correct. I unde	Financial Affairs and any attachments, and I declare under penalty of perjury restand that making a false statement, concealing property, or obtaining money or uptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, 71.
	chael Aaron Pritchard	X /s/ Joi Lynn Pritchard
Michae	I Aaron Pritchard, Debtor 1	Joi Lynn Pritchard, Debtor 2
Date _	07/24/2024	Date 07/24/2024
Did you at	tach additional pages to Your State	ement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)?
☑ No □ Yes		
Did you pa	ay or agree to pay someone who is	not an attorney to help you fill out bankruptcy forms?
√ No		
	Name of person	Attach the Bankruptcy Petition Preparer's Notice,
_		Declaration, and Signature (Official Form 119).

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

- You are an individual filing for bankruptcy, and
- Your debts are primarily consumer debts.
 Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of the Bankruptcy Code:

- Chapter 7 -- Liquidation
- Chapter 11 -- Reorganization
- Chapter 12 -- Voluntary repayment plan for family farmers or fishermen
- Chapter 13 -- Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7: Liquidation

+	\$78	filing fee administrative fee trustee surcharge
	\$338	total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their non-exempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that the even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

- most taxes;
- most student loans;
- domestic support and property settlement obligations;

- most fines, penalties, forfeitures, and criminal restitution obligations; and
- certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

- fraud or theft;
- fraud or defalcation while acting in breach of fiduciary capacity;
- intentional injuries that you inflicted; and
- death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A-1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A-2).

If your income is above the median for your state, you must file a second form--the *Chapter 7 Means Test Calculation* (Official Form 122A-2). The calculations on the form-sometimes called the *Means Test*--deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If your income is more than the median income

for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

+		filing fee administrative fee
	\$1 738	total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

\$200 filing fee \$78 administrative fee \$278 total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

\$235 filing fee

\$78 administrative fee

\$313 total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

- domestic support obligations,
- most student loans,
- certain taxes,
- debts for fraud or theft,
- debts for fraud or defalcation while acting in a fiduciary capacity,
- most criminal fines and restitution obligations,
- certain debts that are not listed in your bankruptcy papers.
- certain debts for acts that caused death or personal injury, and
- certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and local rules of the court.

For more information about the documents and their deadlines, go to:

http://www.uscourts.gov/forms/bankruptcy-forms

Bankruptcy crimes have serious consequences

- If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury--either orally or in writing--in connection with a bankruptcy case, you may be fined, imprisoned, or both.
- All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together-called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from:

http://www.uscourts.gov/services-forms/bankruptcy/credit-counseling-and-debtoreducation-courses.

In Alabama and North Carolina, go to: http://www.uscourts.gov/servicesforms/bankruptcy/credit-counseling-and-debtoreducation-courses.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

B2030 (Form 2030) (12/15)

UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF TEXAS FORT WORTH DIVISION

In re Michael Aaron Pritchard Case No.

Joi Lynn Pritchard Chapter 13

	Chapter 13
	DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR
1.	Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:
	For legal services, I have agreed to accept
	Prior to the filing of this statement I have received
	Balance Due
2.	The source of the compensation paid to me was:
	☑ Debtor ☐ Other (specify)
3.	The source of compensation to be paid to me is:
	☑ Debtor ☐ Other (specify)
4.	✓ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.
	I have agreed to share the above-disclosed compensation with another person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.
5.	In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:
	a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;

c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;

b. Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;

B2030 (Form	2030)	(12/15)
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6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

07/24/2024 /s/ Jesse S. Garcia

Date

Jesse S. Garcia
Bryeans and Garcia, PLLC
5001 S Cooper St, Ste 209
Arlington, TX 76017

Phone: (817) 440-3333 / Fax: (817) 440-3334

Bar No. 24065266

 /s/ Michael Aaron Pritchard
 /s/ Joi Lynn Pritchard

 Michael Aaron Pritchard
 Joi Lynn Pritchard

UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF TEXAS FORT WORTH DIVISION

IN RE: Michael Aaron Pritchard
Joi Lynn Pritchard

CASE NO

CHAPTER 13

VERIFICATION OF CREDITOR MATRIX

know	The above named Debtor hereby verifies that the attached list of creditors is true and correct to the best of his/her nowledge.							
Date	7/24/2024	Signature	/s/ Michael Aaron Pritchard					
Date	7/24/2024	Signature	Michael Aaron Pritchard /s/ Joi Lynn Pritchard					

Joi Lynn Pritchard

ACG Equipment 14425 Falcon Head Blvd Bld E Austin, TX 78738

Bank of America Attn: Bankruptcy 4909 Savarese Circle Tampa, FL 33634

Barclaycard Card Services PO Box 60517 City of Industry, CA 91716-0517

Baylor Scott & White Orthopedic and Spine 707 Highlander Blvd Arlington, TX 76015

Baylor Surgical Hospital 400 I-635 Irving, TX 75063

Best Buy Credit Services PO Box 78009 Phoenix, AZ 85062

Bill Me Later P.O. Box 2394 Omaha, NE 68103

Bk Of Amer Attn: Bankruptcy 100 North Tryon St Charlotte, NC 28255

Bryeans and Garcia, PLLC 5001 S Cooper St, Ste 209 Arlington, TX 76017

Capital One Attn: Bankruptcy PO Box 30285 Salt Lake City, UT 84130

Citibank P.O. Box 6500 Sioux Falls, SD 57117

Comenity - Victoria's Secret PO Box 659728 San Antonio, TX 78265-9728

Credit Control, LLC 5757 Phantom Dr, #130 Hazelwood, MO 63042

Family Healthcare Assoc PO Box 735762 Dallas, TX 75373

Internal Revenue Service PO Box 7346 Philadelphia, PA 19101-7346

Javitch Block LLC 275 W. Campbell, STe 312 Richardson, TX 75080

Kerry S. Culpepper 75-170 Hualalai Rd, Ste B204 Kailua-Kona, HI 96740

Lvnv Funding/Resurgent Capital Attn: Bankruptcy PO Box 10497 Greenville, SC 29603 Midland Credit Mgmt Attn: Bankruptcy PO Box 939069 San Diego, CA 92193

Nebraska Furniture Mart Attn: Collections PO Box 2335 Omaha, NE 68103

NTTA PO Box 660244 Dallas, TX 75266

Office of the Attorney General PO Box 12548 Austin, TX 78711-2548

PayPal Credit PO Box 960080 Orlando, FL 32896

Portfolio Recovery Associates 120 Corporate Blvd Norfolk, VA 23502

Santander Consumer USA, Inc Attn: Bankruptcy PO Box 961245 Fort Worth, TX 76161

Sears PO Box 6275 Sioux Falls, SD 57117

Sheffield Financial Attn: Bankruptcy 214 N Tryon St Charlotte, NC 28202 Synchrony Bank/Amazon Attn: Bankruptcy PO Box 965060 Orlando, FL 32896

Synchrony Bank/Care Credit Attn: Bankruptcy PO Box 965060 Orlando, FL 32896

Synchrony Bank/Floor & Decor Attn: Bankruptcy PO Box 965060 Orlando FL 32896

Synchrony Bank/Select Comfort Attn: Bankruptcy PO Box 965060 Orlando, FL 32896

Synchrony Bank/Walmart Po Box 965060 Orlando, FL 32896

Tractor Supply Credit Card PO Box 6403 Sioux Falls, SD 57117-6403

TTCU
Attn: Bankruptcy
P.O. Box 477550
Tulsa, OK 74147

Tyler Southwick Hyland Law PLLc 1818 Library St., Ste 500 Reston, VA 20190

United States Trustee 1100 Commerce Street, Room 976 Dallas, TX 75242-1699

Wells Fargo Bank NA Attn: Bankruptcy 1 Home Campus MAC X2303-01A 3rd Floor Des Moines, IA 50328

Wells Fargo Dealer Services Attn: Bankruptcy 1100 Corporate Center Drive Raleigh, NC 27607

		D	ocument Page /C	J 01 82	
Fill in this inf	ormation to i	dentify your case	:	Check as directed in lines 17 and	21:
Debtor 1 Debtor 2 (Spouse, if filing) United States Bar Case number (if known)		Aaron Middle Name Lynn Middle Name r the: NORTHERN D	Pritchard Last Name Pritchard Last Name	According to the calculations required by this Statement: 1. Disposable income is not determined under 11 U.S.C. § 1325(b)(3). 2. Disposable income is determined under 11 U.S.C. § 1325(b)(3). 3. The commitment period is 3 years. 4. The commitment period is 5 years.	S
•	Statement	of Your Currer	nt Monthly Income	Check if this is an amended filing	10/19
accurate. If more	space is needed	d, attach a separate s		both are equally responsible for being line number to which the additional number (if known).	

Part 1: Calculate Your Average Monthly Income

- 1. What is your marital and filing status? Check one only.
 - Not married. Fill out Column A, lines 2-11.
 - Married. Fill out both Columns A and B, lines 2-11.

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

Column A Column B

		Debtor 1	Debtor 2 or non-filing spouse
2.	Your gross wages, salary, tips, bonuses, overtime, and commissions (before all payroll deductions).	\$8,688.03	\$1,191.92
3.	Alimony and maintenance payments. Do not include payments from a spouse.	\$0.00	\$0.00
4.	All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Do not include payments from a spouse. Do not include payments you listed on line 3.	\$0.00	\$0.00

5. Net income from operating a business, profession, or farm

	Debtor 1	Debtor 2			
Gross receipts (before all deductions)	\$0.00	\$0.00			
Ordinary and necessary operating -	\$0.00	\$0.00			
expenses			Сору		
Net monthly income from a business,	\$0.00	\$0.00	here → _	\$0.00	\$0.00

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	otor 1 otor 2	Michael Aaron Pritchard Joi Lynn Pritchard	d		c	ase number (if k	nown)	
						Column A Debtor 1	Column B Debtor 2 or non-filing spouse	•
6.	Net in	come from rental and other	real property					_
			Debtor 1	Debtor 2				
	Gross	receipts (before all	\$0.00	\$0.00				
	Ordina	ry and necessary operating	\$0.00	\$0.00				
		ses onthly income from rental or eal property	\$0.00	\$0.00	Copy here →	\$0.00	\$0.00	
7.	Intere	st, dividends, and royalties				\$0.00	\$0.00	
8.	Unem	ployment compensation				\$0.00	\$0.00	
		enter the amount if you conte t under the Social Security Ac						
	For	you		-				
	For	your spouse		\$0.0	00_			
	disabil uniforr of title amour	nce paid by the United States ity, combat-related injury or di ned services. If you received 10, then include that pay only it of retired pay to which you wany provision of title 10 other	sability, or death of any retired pay paic to extent that it doe ould otherwise be e	a member of the I under chapter 61 s not exceed the entitled if retired				
10.	amour payme interna or allor disabil uniforn	e from all other sources not at. Do not include any benefits ents received as a victim of a victional or domestic terrorism; of wance paid by the United Stati ity, combat-related injury or di ned services. If necessary, list at the total below.	s received under the war crime, a crime a or compensation, pe es Government in c sability, or death of	Social Security A gainst humanity, o nsion, pay, annuity onnection with a a member of the	ct; r			
					<u> </u>			
44		amounts from separate pages,	•		+		+	
11.	Add lir	late your total average mont nes 2 through 10 for each colu add the total for Column A to t	mn.	В		\$8,688.03	+ \$1,191.92	= \$9,879.95
			John Tolland					Total average monthly income
Р	art 2:	Determine How to N	leasure Your De	eductions fron	n Income)		
12.	Сору	your total average monthly i	ncome from line 1	l				\$9,879.95

	tor 1 tor 2		
13.	Calc	culate the marital adjustment. Check one:	
		You are not married. Fill in 0 below. You are married and your spouse is filing with you. Fill in 0 below. You are married and your spouse is not filing with you. Fill in the amount of the income listed in line 11, Column B, that was NOT regularly paid for the household expenses of you or your dependents, such as payment of the spouse's tax liability or the spouse's support of someone other than you or your dependents. Below, specify the basis for excluding this income and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If this adjustment does not apply, enter 0 below.	
		<u>+</u> _	
		Total	\$0.00
14.	You	ur current monthly income. Subtract the total in line 13 from line 12.	\$9,879.95
15.	Calc	culate your current monthly income for the year. Follow these steps:	
	15a.	Copy line 14 here 😝	\$9,879.95
		Multiply line 15a by 12 (the number of months in a year).	X 12
	15b.	. The result is your current monthly income for the year for this part of the form	\$118,559.40
16.	Calc	culate the median family income that applies to you. Follow these steps:	
	16a.	Fill in the state in which you live.	
	16b.	Fill in the number of people in your household.	
	16c.	Fill in the median family income for your state and size of household	\$89,842.00
17.	How	w do the lines compare?	
	17a.	Line 15b is less than or equal to line 16c. On the top of page 1 of this form, check box 1, <i>Disposable income is n under 11 U.S.C. § 1325(b)(3).</i> Go to Part 3. Do NOT fill out Calculation of Your Disposable Income (Official Form	
	17b.	Line 15b is more than line 16c. On the top of page 1 of this form, check box 2, <i>Disposable income is determined</i> 11 U.S.C. § 1325(b)(3). Go to Part 3 and fill out Calculation of Your Disposable Income (Official Form 122C-On line 39 of that form, copy your current monthly income from line 14 above.	under 2).
Pa	art 3	Calculate Your Commitment Period Under 11 U.S.C. § 1325(b)(4)	
			\$9,879.95
		by your total average monthly income from line 11.	09,079.93
19.	that	duct the marital adjustment if it applies. If you are married, your spouse is not filing with you, and you contend calculating the commitment period under 11 U.S.C. § 1325(b)(4) allows you to deduct part of your spouse's ome, copy the amount from line 13.	
	19a.	\$0.00	
	19b.	Subtract line 19a from line 18.	\$9,879.95
20.	Calc	culate your current monthly income for the year. Follow these steps:	
	20a.	Copy line 19b	\$9,879.95
		Multiply by 12 (the number of months in a year).	X 12
	20b.	. The result is your current monthly income for the year for this part of the form.	\$118,559.40
	20c.	. Copy the median family income for your state and size of household from line 16c	\$89,842.00

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Debtor 1 Debtor 2	Michael Aaron Pritchard Joi Lynn Pritchard	Case number (if known)			
21. How o	do the lines compare?				
	ine 20b is less than line 20c. Unless otherwise o heck box 3, <i>The commitment period is 3 years.</i>	ordered by the court, on the top of page 1 of this form, Go to Part 4.			
Line 20b is more than or equal to line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 4, <i>The commitment period is 5 years</i> . Go to Part 4.					
Part 4:	Sign Below				
By sig	ning here, under penalty of perjury I declare that	the information on this statement and in any attachments is true and correct.			
χ /s/	Michael Aaron Pritchard	χ /s/ Joi Lynn Pritchard			
Mic	chael Aaron Pritchard, Debtor 1	Joi Lynn Pritchard, Debtor 2			
Da	te	Date _ 7/24/2024			
	MM / DD / YYYY	MM / DD / YYYY			

If you checked 17a, do NOT fill out or file Form 122C-2.

If you checked 17b, fill out Form 122C-2 and file it with this form. On line 39 of that form, copy your current monthly income from line 14 above.

Fill in this info				
Debtor 1	Michael First Name	Aaron Middle Name	Pritchard Last Name	_
Debtor 2	Joi	Lynn	Pritchard	
(Spouse, if filing)	First Name	Middle Name	Last Name	
United States Bar	nkruptcy Court fo	or the: NORTHERN D	ISTRICT OF TEXAS	_
Case number				
(if known)				☐ Check if this is an ar

Official Form 122C-2

Chapter 13 Calculation of Your Disposable Income

04/22

To fill out this form, you will need your completed copy of Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period (Official Form 122C-1).

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

Part 1: Calculate Your Deductions from Your Income

The Internal Revenue Service (IRS) issues National and Local Standards for certain expense amounts. Use these amounts to answer the questions in lines 6-15. To find the IRS standards, go online using the link specified in the separate instructions for this form. This information may also be available at the bankruptcy clerk's office.

Deduct the expense amounts set out in lines 6-15 regardless of your actual expense. In later parts of the form, you will use some of your actual expenses if they are higher than the standards. Do not include any operating expenses that you subtracted from income in lines 5 and 6 of Form 122C-1, and do not deduct any amounts that you subtracted from your spouse's income in line 13 of Form 122C-1.

If your expenses differ from month to month, enter the average expense.

Note: Line numbers 1-4 are not used in this form. These numbers apply to information required by a similar form used in chapter 7 cases.

5. The number of people used in determining your deductions from income

Fill in the number of people who could be claimed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support. This number may be different from the number of people in your household.

3

National Standards You must use the IRS National Standards to answer the questions in lines 6-7.

6. Food, clothing and other items: Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for food, clothing, and other items.

\$1,677.00

7. Out-of-pocket health care allowance: Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for out-of-pocket health care. The number of people is split into two categories--people who are under 65 and people who are 65 or older--because older people have a higher IRS allowance for health care costs. If your actual expenses are higher than this IRS amount, you may deduct the additional amount on line 22.

People who are under 65 years of age \$83.00 7a. Out-of-pocket health care allowance per person 7b. Number of people who are under 65 X 3 Copy \$249.00 \$249.00 Subtotal. Multiply line 7a by line 7b. here People who are 65 years of age or older 7d. Out-of-pocket health care allowance per person \$158.00 7e. Number of people who are 65 or older Х Copy \$0.00 7f. Subtotal. Multiply line 7d by line 7e. \$0.00 here Copy \$249.00 \$249.00 7g. Total. Add lines 7c and 7f..... here -3

Debto Debto		Michael Aaron Pritchard Joi Lynn Pritchard	Case number (if known)	
Loc	al Sta	andards You must use the IRS Local Sta	andards to answer the questions in lines 8-15.	
		n information from the IRS, the U.S. Trustee Pro ruptcy purposes into two parts:	ogram has divided the IRS Local Standard for housing	
		ing and utilities Insurance and operating expiring and utilities Mortgage or rent expenses	enses	
the	link s	er the questions in lines 8-9, use the U.S. Trust specified in the separate instructions for this fo ccy clerk's office.	tee Program chart. To find the chart, go online using orm. This chart may also be available at the	
8.		sing and utilities Insurance and operating ex the dollar amount listed for your county for insura	xpenses: Using the number of people you entered in line 5, ance and operating expenses.	\$766.00
9.	Hou	sing and utilities Mortgage or rent expenses:	:	
	9a.	Using the number of people you entered in line 5 for your county for mortgage or rent expenses.	s, fill in the dollar amount listed \$1,809.00	
	9b.	Total average monthly payment for all mortgages your home.	s and other debts secured by	
		To calculate the total average monthly payment, contractually due to each secured creditor in the bankruptcy. Next divide by 60.		
		Name of the creditor	Average monthly payment	
			. <u> </u>	
			+	
		9b. Total average monthly payment	\$0.00 Copy here - \$0.00 Repeat this amount on line 33a.	
	9c.	Net mortgage or rent expense.		
		Subtract line 9b (total average monthly payment) rent expense). If this number is less than \$0, ent		\$1,809.00
10.		u claim that the U.S. Trustee Program's division affects the calculation of your monthly expens	on of the IRS Local Standard for housing is incorrect ses, fill in any additional amount you claim.	
	Expl why:	-		
11.	Loca	al transportation expenses: Check the number of 0. Go to line 14. 1. Go to line 12. 2 or more. Go to line 12.	of vehicles for which you claim an ownership or operating expense.	
12.			andards and the number of vehicles for which you claim the oply for your Census region or metropolitan statistical area.	\$584.00

Debto		ael Aaron Pritchard ynn Pritchard	Case number (if known)	
13.	expense for		Local Standards, calculate the net ownership or lease expense if you do not make any loan or lease payments on e for more than two vehicles.	
	Vehicle 1	Describe Vehicle 1:		
	13a. Owners	hip or leasing costs using IRS Local Stand	ard \$619.00	
	13b. Average	e monthly payment for all debts secured by	Vehicle 1.	
	Do not	include costs for leased vehicles.		
	amount	ulate the average monthly payment here and it is that are contractually due to each secure to the for bankruptcy. Then divide by 60.		
	Name	of each creditor for Vehicle 1	Average monthly payment	
		Total average monthly payment	Copy here - \$0.00 Repeat this amount on line 33b.	
			Copy net Vehicle 1	
		nicle 1 ownership or lease expense. It line 13b from line 13a. If this number is l	ess than \$0, enter \$0. \$619.00 expense here	\$619.00
	Vehicle 2	Describe Vehicle 2:		
	13d. Owners	hip or leasing costs using IRS Local Stand	ard \$619.00	
	-	e monthly payment for all debts secured by or leased vehicles.	Vehicle 2. Do not include	
	Name	of each creditor for Vehicle 2	Average monthly payment	
		Total average monthly payment	\$0.00 Copy here - \$0.00 Repeat this amount on line 33c.	
		nicle 2 ownership or lease expense. ot line 13e from 13d. If this number is less	Copy net Vehicle 2 expense than \$0, enter \$0. \$619.00	\$619.00
14.		sportation expense: If you claimed 0 vehi	cles in line 11, using the IRS Local Standards, fill in the Public er you use public transportation.	\$0.00
15.	Additional p	bublic transportation expense: If you claim	med 1 or more vehicles in line 11 and if you claim that you may Il in what you believe is the appropriate expense, but you may	\$0.00

Debto Debto		wn)
Oth	In addition to the expense deductions listed above, you are allowed your following IRS categories.	monthly expenses for the
16.	6. Taxes: The total monthly amount that you actually pay for federal, state and local taxes, such as income mployment taxes, Social Security taxes, and Medicare taxes. You may include the monthly amount we your pay for these taxes. However, if you expect to receive a tax refund, you must divide the expected and subtract that number from the total monthly amount that is withheld to pay for taxes. Do not include real estate, sales, or use taxes.	ithheld from
17.	7. Involuntary deductions: The total monthly payroll deductions that your job requires, such as retireme union dues, and uniform costs. Do not include amounts that are not required by your job, such as voluntary 401(k) contributions or pay	
18.	8. Life insurance: The total monthly premiums that you pay for your own term life insurance. If two marr filing together, include payments that you make for your spouse's term life insurance. Do not include premiums for life insurance on your dependents, for a non-filing spouse's life insurance, form of life insurance other than term.	· · · — — —
19.	9. Court-ordered payments: The total monthly amount that you pay as required by the order of a court of agency, such as spousal or child support payments. Do not include payments on past due obligations for spousal or child support. You will list these obligations.	
20.	 Education: The total monthly amount that you pay for education that is either required: as a condition for your job, or for your physically or mentally challenged dependent child if no public education is available for sim 	\$0.00
21.	 Childcare: The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, Do not include payments for any elementary or secondary school education. 	
22.	2. Additional health care expenses, excluding insurance costs: The monthly amount that you pay for is required for the health and welfare of you or your dependents and that is not reimbursed by insurance health savings account. Include only the amount that is more than the total entered in line 7. Payments for health insurance or health savings accounts should be listed only in line 25.	
23.	3. Optional telephones and telephone services: The total monthly amount that you pay for telecommur for you and your dependents, such as pagers, call waiting, caller identification, special long distance, o phone service, to the extent necessary for your health and welfare or that of your dependents or for the of income, if it is not reimbursed by your employer. Do not include payments for basic home telephone, internet and cell phone service. Do not include sel expenses, such as those reported on line 5 of Official Form 122C-1, or any amount you previously dedicated.	r business cell production
24.	 Add all of the expenses allowed under the IRS expense allowances. Add lines 6 through 23. 	\$9,220.38
Add	dditional Expense Deductions These are additional deductions allowed by the Means Test. Note: Do not include any expense allowances listed in lines 6-24.	
25.	5. Health insurance, disability insurance, and health savings account expenses. The monthly expeninsurance, disability insurance, and health savings accounts that are reasonably necessary for yourself spouse, or your dependents.	
	Health insurance \$536.25	
	Disability insurance \$183.50	
	Health savings account +\$0.00	^-
	Total \$719.75 Copy total here →	\$719.75
	Do you actually spend this total amount?	
	No. How much do you actually spend? Yes	
26.	6. Continued contributions to the care of household or family members. The actual monthly expense will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or of member of your household or member of your immediate family who is unable to pay for such expense expenses may include contributions to an account of a qualified ABLE program. 26 U.S.C. § 529A(b).	lisabled
27.	7. Protection against family violence. The reasonably necessary monthly expenses that you incur to m safety of you and your family under the Family Violence Prevention and Services Act or other federal la By law, the court must keep the nature of these expenses confidential.	

Debto Debto		Michael Aaron Pritchard Joi Lynn Pritchard			Case nu	umber (if known)		
28.	Addit on line	ional home energy costs. Your h e 8.	ome energy costs are included	d in your in	surance a	and operating ex	penses	
	•	believe that you have home energ then fill in the excess amount of h	•	home ene	rgy costs	included in expe	enses on	
		nust give your case trustee document claimed is reasonable and nece	•	es, and you	ı must sh	now that the addi	tional	
29.	\$189.	ation expenses for dependent ch 58* per child) that you pay for your elementary or secondary school.						\$0.00
		nust give your case trustee docume ed is reasonable and necessary ar	•	-		xplain why the an	nount	
	* Subj	ect to adjustment on 4/01/25, and	every 3 years after that for cas	ses begun	on or afte	er the date of adj	ustment.	
30.	highe	ional food and clothing expense r than the combined food and cloth 5% of the food and clothing allowar	ing allowances in the IRS Nati	ional Stand				
		d a chart showing the maximum acctions for this form. This chart ma	•	-	•	•	te	
	You n	nust show that the additional amou	nt claimed is reasonable and r	necessary.				
31.		nuing charitable contributions. ments to a religious or charitable o	·			the form of cash	or financial	+\$0.00
		t include any amount more than 15		me.				
32.		ıll of the additional expense dedi nes 25 though 31.	uctions.					\$719.75
Ded	uction	s for Debt Payment						
33.		ebts that are secured by an inter , and other secured debt, fill in li		, includinç	home n	nortgages, vehic	cle	
		lculate the total average monthly p) months after you file for bankrupt		are contrac	tually du	e to each secure	d creditor in	
						erage monthly yment		
		Mortgages on your home				#0.00		
	33a.	Copy line 9b here			→	\$0.00		
	001	Loans on your first two vehicles			_	\$0.00		
	33b.	Copy line 13b here			_	\$0.00		
	33c. 33d.	Copy line 13e here List other secured debts:			······ 7	Ψ0.00		
		of each creditor for	Identify property that	Does pa	vment			
		secured debt	secures the debt	include t	axes or			
	Nebr	aska Furniture Mart	Furniture and Electronic		No	\$116.36		
					Yes			
			-	— 🖁	No Yes			
					No +			
			-		Yes			
	33e	Total average monthly payment	Add lines 33a through 33d			\$116.36	Copy total	\$116.36

Debto Debto			hael Aaron Pr Lynn Pritchar				_ Case r	number (if known)		
34.		-	-	ted in line 33 secure		-	ce, a vehicl	e, or other proper	ty	
	□ No	o. es.	•	int that you must pay our property (called t					•	
Nar	ne of the	e cre	editor	Identify property to secures the debt	hat	Total cure amount		Monthly cure amount		
							÷ 60 =			
							÷ 60 =			
							÷ 60 =	•		
							– Total	\$0.00	Copy total	\$0.00
35.	-	ıytl	nat are past due	claimssuch as a pr	-				here →	
	✓ No	o. es.		amount of all of these ing priority claims, su						
			Total amount of	all past-due priority	claims			··	÷ 60 =	\$0.00
36.	Projec	ted	monthly Chapte	er 13 plan payment				\$875.00		
	Office	of th	e United States	istrict as stated on th Courts (for districts in United States Truste	n Alabama an	d North Carolin				
	specific	ed in		ipliers that includes y structions for this for fice.	_	-		x <u>10</u> 9	%	
	Averag	je m	onthly administra	ative expense				\$87.50	Copy total here	\$87.50
37.			the deductions 3e through 36.	for debt payment.						\$203.86
Tot	al Dedu	ction	ns from Income							
38.	Add al	l of t	the allowed dec	luctions.						
	Copy li	ne 2	4, All of the exp	enses allowed under	r IRS expense	e allowances		\$9,220.38		
	Copy li	ne 3	2, All of the add	litional expense dedu	ıctions			\$719.75		
	Copy li	ne 3	7, All of the dec	luctions for debt payr	ment		+	\$203.86		
	Total d	edud	ctions					\$10,143.99	Copy total here →	\$10,143.99
Pa	rt 2:	De	etermine You	ır Disposable In	come Und	er 11 U.S.C.	§ 1325(b)	(2)		
39.				onthly income from			•			\$9,879.95

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Debto Debto		C	ase number (if known) _		
40.	Fill in any reasonably necessary income you receive for support the monthly average of any child support payments, foster care publicability payments for a dependent child, reported in Part 1 of For you received in accordance with applicable nonbankruptcy law to reasonably necessary to be expended for such child.	ayments, or rm 122C-1, that	t children.		
41.	Fill in all qualified retirement deductions. The monthly total of your employer withheld from wages as contributions for qualified r plans, as specified in 11 U.S.C. § 541(b)(7) plus all required repay from retirement plans, as specified in 11 U.S.C. § 362(b)(19).	etirement	\$1,046.85		
42.	Total of all deductions allowed under 11 U.S.C. § 707(b)(2)(A). Copy line 38 here		\$10,143.99		
43.	Deduction for special circumstances. If special circumstances expenses and you have no reasonable alternative, describe the specircumstances and their expenses. You must give your case trust explanation of the special circumstances and documentation for the	pecial tee a detailed			
	Describe the special circumstances Amount	of expense			
	Total	\$0.00 Copy	→ ⁺ \$0.00	_	
44.	Total adjustments. Add lines 40 through 43		→\$11,190.84	Copy here -	\$11,190.84
45.	Calculate your monthly disposable income under § 1325(b)(2).	. Subtract line 44	from line 39.	[(\$1,310.89)

Part 3: Change in Income or Expenses

46. Change in income or expenses. If the income in Form 122C-1 or the expenses you reported in this form have changed or are virtually certain to change after the date you filed your bankruptcy petition and during the time your case will be open, fill in the information below. For example, if the wages reported increased after you filed your petition, check 122C-1 in the first column, enter line 2 in the second column, explain why the wages increased, fill in when the increase occurred, and fill in the amount of the increase.

Form Line	Reason for change	Date of change	Increase or decrease?	Amount of change
☐ 122C-1 ☐ 122C-2 ——	-		☐ Increase ☐ Decrease	
☐ 122C-1 ☐ 122C-2		-	☐ Increase ☐ Decrease	
☐ 122C-1 ☐ 122C-2	-	-	☐ Increase ☐ Decrease	
122C-1 122C-2	_		Increase Decrease	

Debtor 1 Debtor 2	Michael Aaron Pritchard Joi Lynn Pritchard	Case number (if known)
Part 4:	Sign Below	
By si	By signing here, under penalty of perjury you declare that the information on this statement and in any attachments is true and correct.	
X /s	s/ Michael Aaron Pritchard	X /s/ Joi Lynn Pritchard
N	lichael Aaron Pritchard, Debtor 1	Joi Lynn Pritchard, Debtor 2
D	Pate 7/24/2024	Date 7/24/2024
	MM / DD / YYYY	MM / DD / YYYY

Current Monthly Income Calculation Details

In re: Michael Aaron Pritchard Case Number:

Joi Lynn Pritchard Chapter: 13

2. Gross wages, salary, tips, bonuses, overtime and commissions.

Debtor or Spouse's Income	Description (if	Description (if available)						
	6 Months Ago	5 Months Ago	4 Months Ago	3 Months Ago	2 Months Ago	Last Month	Avg. Per Month	
Debtor	AT&T \$7,619.43	\$8,322.60	\$7,922.77	\$7,899.47	\$12,418.03	\$7,945.90	\$8,688.03	
Spouse	McKesson M \$0.00	ledical - Surg \$0.00	jical Inc \$2,383.85	\$2,383.85	\$2,383.85	\$0.00	\$1,191.92	